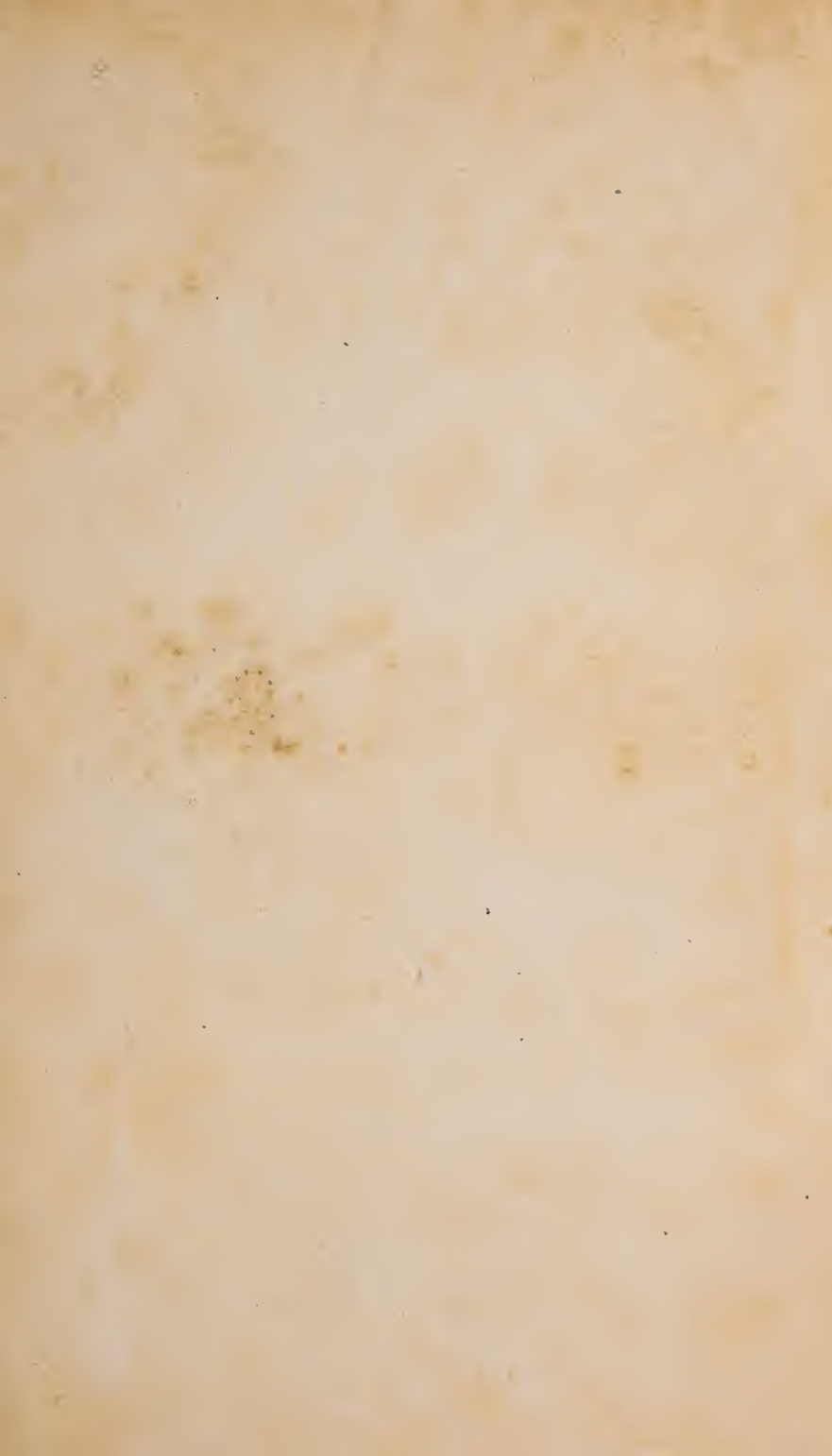




Class Sadoff *No.* Journal
 Cage

Robert L. Sadoff Library of
Forensic Psychiatry and
Legal Medicine









Digitized by the Internet Archive
in 2013

THE
AMERICAN
JOURNAL OF INSANITY.

EDITED BY THE

MEDICAL OFFICERS OF THE NEW YORK STATE
LUNATIC ASYLUM.

VOL. XXVII.

The care of the human mind is the most noble branch of medicine.—GROTIUS.



STATE LUNATIC ASYLUM.

UTICA, NEW YORK.

1870-71.

ROBERTS, PRINTER,
HERALD OFFICE, UTICA.

INDEX TO VOL. XXVII.

| | PAGE. |
|--|----------|
| Andrews, J. B., M. D., Exophthalmic Goitre with Insanity,..... | 1 |
| A Text-book of Practical Medicine,..... | 117 |
| Aphasia, or Loss of Speech,..... | 119 |
| A Physician's Problems,..... | 122 |
| Archives of Ophthalmology and Otology,..... | 123 |
| Annual Address before the Medical Society of the State of New York,..... | 124 |
| American Ophthalmological Society, (the Transactions of,)..... | 124 |
| Address (Valedictory) to the Graduating Class of Jefferson Medical College,... | 124 |
| American Practitioner, a Monthly Journal of Medicine and Surgery,..... | 125 |
| Alden March, M. D.,..... | 125 |
| Address (Valedictory) to the Graduating Class of the Nat. Medical College,... | 125 |
| Anæsthesia by Chloroform and Ether,..... | 126, 372 |
| Annual Report (4th) of Metropolitan Board of Health, State of New York,... | 126 |
| Association of Medical Superintendents, (Proceedings of,)..... | 128, 129 |
| Asylum Schools in Ireland, by J. W. Barstow, M. D.,..... | 253 |
| Another Haskell Habeas Corpus Case,..... | 500 |
| Atropia, Hypodermic Injection of, for Epilepsy,..... | 501 |
| Boismont, (A. Brierre de,) on the Legal Responsibility of the Insane,..... | 228 |
| Boismont, (A. Brierre de,) on the Criminal Insane of England,..... | 278 |
| Barstow, J. W., M. D., on Asylum Schools in Ireland,..... | 253 |
| Browne, J. H. B., on Moral Mania,..... | 444 |
| Browne, J. H. B., on the Causes of Insanity,..... | 499 |
| Bromide of Potassium, Dose of,..... | 502 |
| Consanguineous Marriages, (Report on,)..... | 109 |
| Chloroform and Ether, (Relative danger of Anæsthesia by,)..... | 126, 372 |
| Corpuscular Blood-elements in Bright's Disease,..... | 121 |
| Causes of Insanity, by J. H. B. Browne,..... | 499 |
| Chloral, Poisonous Dose of,..... | 502 |
| Dr. McFarland, ... | 260 |
| Dr. Rosenberg, Case of,..... | 262 |
| Dependence of Insanity on Physical Disease, by John P. Gray, M. D., Superin- tendent of New York State Lunatic Asylum,..... | 377 |
| Dose of Bromide of Potassium,..... | 502 |
| DeWolf, James P., M. D.,..... | 504 |
| Exophthalmic Goitre with Insanity, by J. B. Andrews, M. D.,..... | 1 |
| Ear, Treatment of Diseases of by Steam,..... | 370 |
| England, the Criminal Insane of, (de Boismont,)..... | 278 |
| Epilepsy, Treatment of, by the Hypodermic Injection of Atropia,..... | 501 |
| German Psychology,..... | 104 |
| Gray, John P., M. D., Supt., &c., on the Dependence of Insanity on Physical Disease,..... | 377 |

| | |
|--|----------|
| Hæmatoma Auris, by E. R. Hun, M. D.,..... | 17 |
| Hospital and Cottage Systems for the Cure of the Insane,..... | 80 |
| Habitual Drunkards, Legislation for,..... | 126 |
| Hypodermic Injection of Atropia for Epilepsy,..... | 501 |
| In Re William Winter, (the Value of Expert Testimony,) by Prof John Or- dronaux,..... | 47 |
| Intermarriage of Kindred,..... | 113 |
| Intemperance as a Disease, (Report on,)..... | 118 |
| Ireland, Asylum Schools in,..... | 253 |
| Legislation for Habitual Drunkards,..... | 126 |
| Legal Responsibility of the Insane, by A. Brierre de Boismont,..... | 228 |
| Lindsay, W. L., M. D., &c., on Mollities Ossium in Relation to Rib-Fracture,... | 309 |
| Lunacy, its Past and its Present,..... | 374 |
| McFarland, Dr.,..... | 260 |
| McFarland Trial, ... | 265 |
| Mollities Ossium, by W. L. Lindsay, M. D., F. R. S. E., &c.,..... | 309 |
| Meyer, Prof. L., on the Diseases of the Mind in their Relations to Criminal Law, | 408 |
| Moral Mania, by J. H. B. Browne, Barrister-at-Law,..... | 444 |
| Nasse, W., M. D., on Difference of the Pupils in Insanity,..... | 29 |
| New System of Ventilation,..... | 125 |
| National Medical College, Valedictory Address,..... | 125 |
| Nervous Diseases, Temperature of,..... | 370 |
| North Carolina, Report of Board of Public Charities of,..... | 372 |
| Nervous System, Syphilis of,..... | 371 |
| Notes of a Visit to some Houses at Balfour, licensed for a certain Class of the Insane,..... | 371 |
| Notice of Twenty-fifth Meeting of Association of Medical Superintendents of the Insane,..... | 503 |
| Ordronaux, Prof. J., on the Value of Expert Testimony, (Case of W. Winter,).. | 47 |
| Ophthalmology and Otology (Archives of,)..... | 123 |
| On Aphasia, or Loss of Speech, &c.,..... | 119 |
| On the Diagnostic value of the Corpuscular Blood-elements in the Urine of Bright's Disease,..... | 121 |
| Observations on the use of Steam in the Treatment of Diseases of the Middle Ear, | 370 |
| Prognostic value of difference of the Pupils in Insanity, by W. Nasse, M. D.,... | 29 |
| Proceedings of the Association of Medical Superintendents of American Insti- tutions for the Insane,..... | 128, 129 |
| Pamphlets and Reports received, ... | 375 |
| Poisonous Dose of Chloral,..... | 502 |
| Report on Intemperance as a Disease,..... | 118 |
| Reports on Rhubarb and Liquor Opii Compositus,..... | 125 |
| Relative Dangers of Anæsthesia by Chloroform and Ether,..... | 126, 372 |
| Report of Metropolitan Board of Health of State of N. Y.,..... | 126 |
| Report of Committee on Relations of Alcohol to Medicine..... | 126 |
| Relaxation of the Pelvic Symphyses during pregnancy and parturition,..... | 126 |
| Relations of Alcohol to Medicine, (Report on,)..... | 126 |
| Rosenberg, Dr., Case of,..... | 262 |
| Rib-fracture among the Insane,..... | 309 |

| | |
|--|-----|
| Reports of Hospitals for the Insane for 1869,..... | 324 |
| Reports of Hospitals for the Insane for 1870,... | 464 |
| Report of N. Y. Asylum for Idiots, | 368 |
| Report of Conn. School for Imbeciles, | 369 |
| Report on the Temperature of Certain Nervous Diseases, | 370 |
| Report of Board of Public Charities of North Carolina, | 372 |
| Report of the Surgeon-General of the U. S. Army, | 372 |
| Report to the Surgeon-General, U. S. Army, on certain points connected with the history of Minute Blood Vessels,..... | 374 |
| Resolutions for Discussion at the Twenty-fifth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane,... | 504 |
| Syphilis of the Nervous System,..... | 371 |
| Specialism in its Relation to Practical Medicine,..... | 371 |
| The Value of Expert Testimony, by Prof. John Ordronaux,..... | 47 |
| Text Book of Practical Medicine,..... | 117 |
| Transactions of the American Ophthalmological Society,..... | 124 |
| The American Practitioner,..... | 125 |
| The Baltimore Medical Journal,..... | 125 |
| The Michigan University Medical Journal,..... | 125 |
| The late Alden March, M. D.,..... | 125 |
| The McFarland Trial,..... | 265 |
| The Criminal Insane of England, by A. Brierre de Boismont,..... | 278 |
| Temperature of Certain Nervous Diseases,..... | 370 |
| The Dependence of Insanity on Physical Disease, by John P. Gray, M. D., Su- perintendent, &c.,..... | 377 |
| The Diseases of the Mind and Similar Affections in their Relations to Criminal Law, by Prof. Ludwig Meyer,... | 408 |
| Valedictory Address, National Medical College,..... | 125 |
| Ventilation, New System of, | 125 |
| William Winter's Case, | 47 |

AMERICAN
JOURNAL OF INSANITY,
FOR JULY, 1870.

EXOPHTHALMIC GOITRE WITH INSANITY.

BY J. B. ANDREWS, M. D.

This disease was first described by Graves in his treatise on "Clinical Medicine," and from this fact bears his name. It has also been called Basedow's disease, but his description was subsequent to that of Graves.

Trousseau, in his recent work on "Clinical Medicine," presents very fully the symptoms and pathology of exophthalmic goitre.

The disease is marked by three characteristic symptoms: prominence of the eye-balls; enlargement of the thyroid gland; palpitation of the heart. The presence of these symptoms he would deem conclusive in forming a diagnosis. There is generally no disturbance of vision. Occasionally, adaptation is difficult, and there weakness of sight; but diplopia is never present.

Hypertrophy of the thyroid gland takes place gradually; both lobes may be enlarged to an equal degree, but in a majority of cases the right is the one chiefly affected.

The patient complains of dizziness and palpitation of the heart, long before the exophthalmos or the goitre have been detected. The force of the heart's action at

times produces a prominence of the chest walls which can be readily detected.

There are secondary symptoms which should be noted. In some cases the appetite is diminished—in others voracious—and always capricious. These several conditions may be found during the progress of the same case. Digestion may be good, but assimilation at the same time so defective that there is a progressive emaciation. Diarrhoea may supervene, and increase the tendency. The patient is restless and sleepless, and is often tormented with thirst. The presence of the enlarged gland renders respiration and deglutition difficult. The heart's action is increased in frequency, the pulse varying from 120 to 150. This is attended by a rise in the temperature of the body of from one to four degrees. The sensation of heat is almost unbearable, and is such as accompanies certain lesions of the sympathetic nervous system, as in diabetes mellitus.

Vomiting and cough are unpleasant and, at times, dangerous complications of the disease. Other symptoms characteristic of debility, as œdema of the extremities, night sweats and nervous pains, are present.

The patient's temper is greatly altered. He may become quick tempered, irritable, and at times violent. Hallucinations and sometimes insanity may occur in the course of the disease. A change in the voice takes place, which is due to disturbance of respiration from pressure upon the recurrent laryngeal nerve. Blowing murmurs are heard over the gland and vessels of the neck, and a true aneurismal thrill is imparted to the hand at each diastole of the carotids. The beating of the abdominal aorta is readily distinguished, and produces a sensation of oppression, and often of pain, which is referred to the region of the solar plexus. In all cases where the exophthalmos is not marked, there is a strange look about

the eyes, and they are unusually lustrous and large. The disease runs a chronic and an acute course. In both forms it is characterized by many of the symptoms above enumerated. The condition of the patient is truly a pitiable one, and to a person unaccustomed to the disease a hopeless one.

Patients rally from several of these attacks, and may die of intercurrent disease. Death in the first paroxysm is not frequent.

Examination shows that the thyroid arteries increase in diameter, and become flexuous; their extremities and branches are enlarged, and their anastomoses seem to multiply. The venous system of the gland is also much developed. This exaggerated development of the arteries accounts for the blowing murmur heard over the swelling, and for the expansion felt when the hand is applied over the gland.

In some autopsies organic diseases of the heart are discovered. In a majority of cases, the cardiac alterations are variable and temporary—analagous to those which are met with during pregnancy. Permanent cardiac lesions are more frequent where the neurosis has been of prolonged duration. Attempts have been made to ascertain the anatomical cause of exophthalmos. A largely increased amount of cellular tissue and an enormous hypertrophy of adipose material within the orbit have been found.

When the prominence of the eye shows itself, as it often does, in paroxysms, we ascribe this condition to a violent and active congestion. Frequent repetitions of these congestions may increase the nutrition of the cellular and adipose material, till from its greatly increased hypertrophy it may push forward the eyeball and give rise to a permanent exophthalmos. Exophthalmic goitre has been called a cachectic affection: "but

this cachexia," says Trousseau, "is only the last term of a morbid series which begins with multiple congestions, which are themselves due to a peculiar modification of the sympathetic nerve. To sum up, the disease is in my opinion a neurosis of the sympathetic, if not a complaint attended with material lesions of the ganglionic nervous system." This opinion he supports by post mortem appearances, and by the causation of other local congestions.

The only other disease with which this is likely to be confounded is aneurism of the aorta, or of one of the arteria innominata. This mistake has been made, and may readily occur upon a superficial examination. The differential diagnosis is briefly stated. In aneurisms the swelling will occupy but one side of the thyroid gland; in this disease it may exist on both sides. By far the most marked difference is found in the peculiar combination of the three characteristic symptoms which co-exist in no other, and make this a disease "*sui generis*."

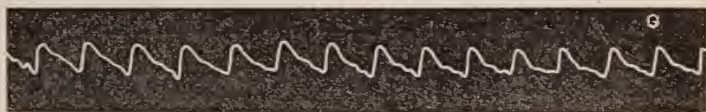
Graves' disease is common among women, but relatively rare in men. Of fifty cases collected by one author, but eight occurred in men.

CASE.—A man, 26 years of age, born in Canada, where his father is still living. His mother died nine years since of consumption. Patient enjoyed uninterrupted health till about two and one-half years ago, when he suffered from a severe attack of typhoid fever. This continued for nine weeks. He seemed to recover fully from the effects of the disease, and about two years ago was employed as an attendant in this asylum. He then weighed 187 pounds, and was in an apparently vigorous state of health. Three months thereafter he began to complain of a constant and troublesome headache, and lost appetite and flesh. In August, 1868, he was attacked with vomiting and spasms of the stomach, and

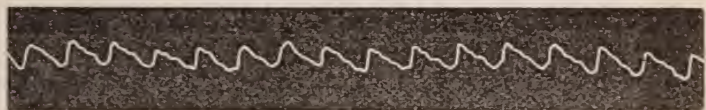
was sick for two days. Afterward the headache disappeared for a short time. In September, this was again the subject of complaint, and was described by the patient as attended by a peculiar frying sensation in the top of the head.

This continued till January, 1869, when patient had an attack similar to the one in August. He took a furlough of a week, and then reported for duty much improved.

The next symptom which attracted attention was excessive palpitation of the heart under excitement or unusual exertion. Patient complained of these symptoms, headache and palpitation, continuously, till July. He was then prostrated by an attack resembling malarial poisoning; was treated with quinia, followed by tonics. He soon resumed labor, though in no condition to do so. He had lost much in flesh and strength, and was greatly changed in appearance. In August, 1869, he had a severe attack of illness, marked by profuse perspiration, nervous anxiety, and depression. Respirations were 35 to the minute and difficult; pulse 120. The sphygmographic pulse traces taken at this time, from both the right and left arms varies from the normal



Trace from right arm.



Trace from left arm.

pulse, in that each curve is surmounted by a horizontal or flat top, and assumes the form described by Marey as the senile pulse. Eyes were prominent, there was a choking sensation in the throat, and patient could only lie on the left side.

Everything ingested was vomited. A more critical examination revealed an extensive swelling of the thyroid gland, occupying the space between the sterno-cleido-mastoid muscles, and extending from the clavicles to the prominence of the larynx.

This had not been noticed by the patient or his wife; upon applying the hands over it, the peculiar thrill of an aneurism was detected; the bruit was also conveyed to the ear.

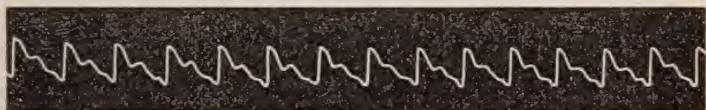
Aneurism was at first suspected, but was excluded from the diagnosis, as both sides of the neck were equally prominent, the circulation in both carotids equally disturbed, and finally the swelling was located in the thyroid gland.

Exophthalmic goitre was diagnosticated. At this time the size of the neck over the swelling was $16\frac{1}{2}$ inches, the patient usually wearing a $14\frac{1}{2}$ inch collar. Ophthalmoscopic examination revealed a highly colored fundus, arteries enlarged, and the pulsations markedly visible. The veins seemed to be about double the normal size. The border of the optic nerve was well defined and the nerve substance paler than usual.

As he had no appreciation of his condition, and would not believe his disease was other than ordinary goitre, he was not placed under treatment. He took a leave of absence, and went to Canada, where he consulted an "Indian doctor," who agreed with the patient in the diagnosis of the case, furnished him an ointment composed, apparently, to a great extent, of iodine, and promised him a speedy cure. After some ten days he returned, confident that out of door exercise and the use of the wonderful "Indian ointment," would result in recovery. For a few days he picked hops, and was comfortable in health; he then had attacks of profuse perspiration, which reduced him rapidly; his eyes became more prominent,

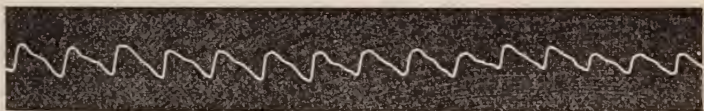
and on the 20th of September the size of the neck was increased to 17½ inches. The patient became fearful, gave up the use of the ointment, and applied for treatment.

One of Chapman's ice bags was applied over the tumor, and ordered worn constantly. Fluid extract digitalis, to control the action of the heart; was given in two drop doses, increased afterward. Pulse 120. September 22d, pulse 108; 23rd, 104; 25th, patient has been vomiting, is reduced in strength; pulse again 120. September 29th, pulse 114; temperature 101½ degrees. The sphygmographic traces of the two arms differ remarkably from each other, the right presents a dicrotic trace, with



Trace from right arm.

a normal acute apex, while the left retains the characteristics noticed in the traces taken the month before.



Trace from left arm.

September 30, vomiting continues; nothing is retained on the stomach: digitalis discontinued. Patient is in bed, restless, complains of heat, sleeps little. October 8, has retained nothing for eight days; is much emaciated; temperature 102½; is very irritable, impatient, fault-finding. Given injections of beef extract. Pulse is very rapid and irregular, at times reaching 150. Murmurs, indicative of mitral insufficiency are heard over the heart, and the pulse beats of the abdominal aorta are painfully strong and distinct. The eyes are very prominent and staring, and the aspect of the patient is anxious and fearful. October 12, temperature

99; very restless and sleepless, and at times delirious; enemata discontinued, as they promote diarrhœa; retains a little buttermilk. October 15, temperature 100, pulse 104; takes an egg and drinks a little ale; still delirious. October 20, is thin and emaciated; vomits. October 22, sensation of thirst and heat very strong; patient more delirious, got up in the night, and was about to throw himself over the banister, saying there was a stream of water flowing below. Tongue red and glazed, throat and fauces dry; requires constant watching. October 27, walks out a little daily; very weak and feeble; deglutition difficult; voice changed; size of neck $16\frac{3}{4}$ inches. November 8, since the first of the month has steadily improved; eaten well, gained in flesh and strength. November 9, severe paroxysm of cough and dyspnœa, with bloody sputa; very dizzy; emotional; cries and worries without cause; temperature $102\frac{1}{2}$; size of neck, $16\frac{1}{2}$ inches; pulse 120; carotids beat forcibly; respiration prevents auscultation or percussion being of avail. November 12, severity of paroxysm allayed by sedatives; no further indication of inflammatory action. November 18, size of neck reduced to $15\frac{3}{4}$ inches. Has profuse night sweats, some cough, and is restless. Heat of skin normal; pulse 96; given quinia and phosphoric acid to control action of skin. November 22, gaining in flesh and strength, and free from night sweats. December 15, performed some light labor in the ward. Improved in general appearance; eyes less prominent; size of neck $15\frac{1}{2}$ inches; pulse about 100; is eating and sleeping well. He continues thus, though face was tumid and congested, till about the middle of January, when his extremities began to swell and become painful on standing or walking. The swelling steadily increased till February, when he left the institution. He was then irritable

fault-finding and unreasonable, and his mind much enfeebled. For a few days his stomach rejected food; he was restless, sleepless, and losing flesh rapidly. Palpitation was again a troublesome symptom.

After going to the home of his friends, all the physical and psychical symptoms mentioned as existing in October were aggravated. The patient became very troublesome from his irritability and helplessness. His insanity was fully marked, and continued during the few weeks of his illness. He died late in April.

The treatment adopted in this case was that recommended by Trousseau—the free use of digitalis and the local application of the ice-bag. The results are briefly stated: the digitalis quiets palpitation and diminishes the frequency of the cardiac and arterial pulsations; the application of the ice offers the twofold advantage of causing a violent revulsion to the skin, and of rendering innervation and nutrition more perfect.

Trousseau says iodine was used both internally and externally in this form of goitre before it was recognized as a distinct variety. Its use was abandoned by nearly every one, as the symptoms were aggravated. He expresses himself strongly in this regard: “When in a case of goitre you find palpitation, protrusion of the eyeballs, and a strange look of the eyes, never give iodine. You have to deal with exophthalmic goitre, and iodine will only increase all the symptoms of the disease.”*

In many cases the anemia present would seem to indicate the use of iron, but when the pulse exceeds 100,

*Dr. W. B. Cheadle has recently reported to the Harveian Society eight cases of this disease, in six of which iodine was given continuously for many weeks, and in only one case was it deemed necessary to discontinue it on account of increased palpitation following its administration.—*Jour. Med. Science*, October, 1869.

experience teaches that the disturbance of the circulation will only be intensified by the action of the remedy.

Bleeding is recommended only when the pressure of the gland from congestion threatens asphyxia.

In the Clinical Society's transactions, (London, 1868,) we find three cases of exophthalmic goitre reported by Dr. Morell Mackenzie. They were all women, and all presented the symptoms given above as characteristic of the disease to a marked degree. There was exophthalmous swelling of the thyroid, and palpitation of the heart. The carotids beat forcibly, and the pulse was frequent, varying from 120 to 170. One of the cases we transcribe at length, on account of the cerebral disturbance manifest during the progress of the disease.

"The case came under treatment November 7, 1867. Swelling of the neck was first noticed four years and a half previously. It had increased slowly for four years, but during the last six months had made rapid progress. The girl had never seemed very strong, but had formerly been remarkably intelligent. Latterly, however, she had become drowsy, capricious, irritable, and wilful.

The following is her present condition, November 12: She has a very large, hard, slightly nodulated hypertrophy of both lobes of the thyroid gland, and her neck measures sixteen and a half inches round the largest part of the tumor. It is larger on the right side, and presses the right carotid (which is thickened, tortuous, and feels like a hard cord) to the posterior part of the neck. The beat of the left carotid is slightly accentuated. The impulse of the heart is considerably increased, but the sounds are natural. The pulse is 90, and weak; her appetite is poor, and the mucous membrane of the mouth decidedly anæmic. The goitre was treated by counter-irritation, and small doses of

iron were administered. The patient seemed to remain in about the same condition for some time, but on December 6, her mother called to say that she had had a fit two days previously. Dr. Graham, who had been called in, had very judiciously ordered ice to be applied to the bronchocele; but this treatment had not given much relief. She was received into the hospital the same day.

On admission she was found to be in a state of hebetude. When sleeping, however, she tossed about a great deal, and had to be constantly watched to prevent her falling out of bed. Her pulse was 120, and not particularly weak. The right carotid throbbed violently, and the impulse of the heart was excessive. Six leeches were applied to the thyroid gland, and fifteen minims of tinct. digitalis were ordered every four hours. She was put upon six ounces of wine daily, and ordered beef tea, strong broth, milk, &c.

December 12, she had a maniacal fit which lasted three hours. Whilst in the paroxysm she refused food, screamed, tried to bite those round her, repeated a verse of a hymn forty or fifty times over, implored the nurses to make her take her medicine, and, after drinking it, begged for some more. She also said she knew she was dying, and called for her relatives, constantly repeating the same cries for five or ten minutes together. These appeals alternated with prayers and blasphemies. The period of excitement was followed by a semi-comatose condition. Occasionally she asked for tea, but refused everything else.

She had several maniacal attacks during the next few days. They generally lasted from three to four hours. In her paroxysms she would often drink large quantities of beef tea, milk, &c., but in her lethargic condition she would take nothing. In the semi-comatose state

she tossed about a great deal, and became rather violent when an attempt was made to rouse her.

December 17. During the previous night she had been very restless, and, at times, extremely violent. Cold sweats came on in the afternoon, and the urine was passed involuntarily. The pulse was 150, very feeble, and the carotids no longer throbbed. She died at six in the evening, after a mild epileptic fit.

The autopsy was made twenty-one hours after death.

The substance of the cerebral tissues was not unnaturally soft; nor was there any clot or embolism anywhere, but the corpora quadrigemina and the medulla oblongata—particularly its posterior part—were very soft, and on minute examination displayed the usual appearance of common softening. The fits and death were probably produced by the sanguineous fluid which was found (to the extent of a drachm or two) in each lateral ventricle, and to the softening of the medulla oblongata.

The membranes of the brain were also found to be turgid with blood.

The pulmonary artery and aorta were bound together. The quantity of fat on surface of the heart was in excess for so young a subject. The mitral and aortic valves were normal, excepting a little atheroma at their bases. There was also atheroma about the sinuses of Valsalva. The walls of the aorta and pulmonary artery were very thin. The thyroid gland was much enlarged, and its right lobe passed round behind the œsophagus and came in contact with the spinal column. Its structure showed hypertrophy of the cellular elements.

The inferior thyroid arteries were much enlarged; the superior, normal.

The carotids were elongated and their walls abnor-

mally thin; the canal of the right one was considerably enlarged."

The treatment pursued in the other cases was substantially the same as in the one we have presented, except the abstraction of blood. In one of them improvement was rapid and satisfactory: in the other there was a gradual decline, which at the time of writing made the prognosis unfavorable.

Tinct. digitalis was given in all these cases to the extent of fifteen drops every four hours, and continued till vomiting supervened. Ice was also applied. This treatment seems to be the one best adapted to meet the indications presented, and promises the best chances for recovery or material improvement.

HÆMATOMA AURIS.

BY E. R. HUN, M. D.

Hæmatoma Auris, or sanguineous tumor of the external ear, has been for a long time observed as a frequent concomitant of insanity; and various authors have discussed the questions relative to the true nature of this phenomenon, both as regards its pathology and its relation to those conditions of the nervous system which accompany mental derangement. M. Ferrus, in France, and Bird, in Germany, called attention to it in 1838, since which time it has been studied by MM. Belhomme, Lunier, Renaudin, and others, and in 1848, Dr. Franz Fisher, physician to the Illenau Asylum, published quite a lengthy article upon the subject.

Since my connection with the New York State Lunatic Asylum, I have had frequent opportunities to see cases of hæmatoma, and I propose in this paper to

present the subject under consideration from a clinical point of view, and deduce my conclusions from original observations, and from the history of such cases as I have been able to find recorded in the books of the Asylum. In a few cases which I have seen and examined during life, opportunities have been presented for post mortem examination, and upon these examinations I base my opinion as regards the pathology of the disease.

Before giving an account of individual cases, it may not be out of place to describe briefly the general appearance and progress of hæmatoma.

Preceding the appearance of the tumor we find that one, or in rare cases both, of the ears become red and swollen, while at the same time the face and eyes give evidence of a strong determination of blood toward the head; occasionally, however, the redness is absent, and the skin maintains its normal color, while the tumefaction appears due to a slightly œdematous condition of the auricle. This condition of the part is preceded by no manifestation of constitutional disturbance, as chills, &c., and the patient appears in his usual health.

In the course of a period of time varying from a few hours to several days, an effusion of blood takes place, and the malady attains its full development. The tumor occupies the auricle of the ear, and projects from its concave surface. In size it varies from a bean to a hen's egg; and in the latter case obliterates all the ridges and depressions observed in the normal ear, and presents a smooth rounded surface. It is usually hard and unyielding, but upon careful examination is found to present a feeling of fluctuation, and in some cases, especially those of long standing, affords a sense of distant crepitation to the finger of the examiner, which is supposed to be due to the breaking up of clots. In certain cases it is fluctuating in the centre, and is in-

durated about its circumference. The skin is distended and smooth, while its color assumes a purple hue. The lower part or lobe of the ear alone remains unchanged.

The tumor may remain for a longer or shorter time in *statu quo*, after which it may either undergo spontaneous rupture, or may be gradually absorbed. If rupture takes place, or if the tumor be punctured, there is a large escape of clotted blood mingled with sanguinolent serum, and by the introduction of a probe we may satisfy ourselves of the existence of a very considerable cavity. If let alone, the opening, whether spontaneous or induced by artificial means, has a strong tendency to close, and the cavity refills in the course of a few hours, and the tumor resumes its former magnitude. If, however, the orifice be kept open, a sero-purulent discharge ensues, which continues often for a long time, and may terminate in an exudation of plastic lymph, uniting the walls of the cavity, and causing its obliteration; leaving an indurated mass which subsequently contracts and produces a strange and characteristic deformity.

A certain amount of deformity remains in those cases where absorption takes place without rupture, but it is not nearly so marked as in the former case.

The following cases of hæmatoma are copied from the records of the Asylum, and many of them have fallen under my personal observation at different stages of their progress.

No. 1. A. H., aged 47 years. General paresis. Admitted May, 1853. The first evidences of hæmatoma auris were discovered October 15. Both ears became red and enlarged rapidly until all the ridges and depressions had disappeared. During the early part of November, both ears ruptured spontaneously, and discharged very freely. After this rupture he had frequent convul-

sions, and failed rapidly, dying November 13, in violent convulsions. An autopsy was made, and the usual appearances of paresis were found in the brain, but no mention is made of the condition of the ears.

No. 2. H. S. D., aged — years. Chronic mania. Third attack. Admitted November, 1854. Had hæmatoma of both ears, which ruptured spontaneously, and subsequently contracted. He was discharged unimproved, and is still living insane in the county almshouse.

No. 3. G. D., aged 50 years. Dementia. Admitted January, 1857. Had hæmatoma of left ear, with rupture and subsequent contraction. Died November, 1858.

No. 4. J. A. C., aged 34 years. General paresis. Admitted January, 1857. Insanity hereditary in his family. Was discharged during a remission of his disease in June, 1858. Re-admitted May, 1859. On July 24, the first evidence of a simple sanguineous cyst in each ear was noticed. Effusion rapidly took place, until the ridges and depression of the ears were entirely obliterated. July 31, tumors fluctuate. Little or no pain, and no modification of mental condition since this complication commenced. Tumefaction of ears not abated, but rather increased. September 30, the tumors of ears have gradually subsided, and left the ears slightly thickened. May 10, 1860, patient died suddenly. No autopsy.

No. 5. A. H., aged 29 years. Acute mania. Admitted September, 1859. Hæmatoma of the left ear was observed November 1, which was gradually absorbed, and disappeared November 22. In January, 1860, he had hæmatoma in both ears, and with it an attack of erysipelas of the head and face, which latter affection subsided, leaving the hæmatoma still existing, which by February 2, had developed to a remarkable

degree. February 6, the left ear ruptured and suppurated. February 17, the opening closed, and the ear is swelling again. February 10, he made a violent attack upon another patient, who in defending himself, seized the swollen right ear and ruptured it, causing the escape of a large quantity of coagulated blood. The patient was taken away in October, 1861, in a condition of hopeless dementia.

No. 6. J. H. S., aged 47 years. General paresis. Admitted June, 1860. Had hæmatoma in right ear, July 12. Died October 23, 1860.

No. 7. C. M., aged 40 years. Melancholia. Admitted June, 1864. Hæmatoma commenced in right ear September 29, and increased to an enormous size. It finally ruptured with profuse discharge, after which it became shrunken and contracted. The patient was discharged unimproved December 17, 1869, and sent to the Willard Asylum.

No. 8. I. G., aged 55 years. Dementia. Admitted April, 1867. Hæmatoma of both ears commenced to develope June 29, 1867. Ears increased in size, and ruptured with subsequent contraction. Discharged unimproved March 14, 1868, and sent to county almshouse.

No. 9. D. M., aged — years. Melancholia. Second attack. Admitted January, 1868. Hæmatoma of left ear commenced May 18, 1869. On July 3, had hæmatoma of both ears. August 1, the left ear burst at upper part of concha, while he was sitting in a chair, and the contents, consisting of fluid and clotted blood, were thrown to the ceiling, a distance of twelve feet, so as to stain the plaster. The right ear still continued to increase in size, and ruptured spontaneously during the latter part of August. Both ears afterwards contracted. Died September 9, 1869. An autopsy was made, and

the ears examined. Upon cutting into them, the perichondrium was found much thickened, and separated from the auricular cartilage on its outer aspect, so as to leave a large smooth cavity lined with a smooth shining membrane, and containing a few drops of serous fluid.

No. 10. J. I. L., aged 53 years. Chronic mania. Admitted May, 1868. Had hæmatoma of left ear October 22, 1868, which increased in size until all the ridges and depressions were obliterated, and a rounded tumor as large as half a hen's egg bulged from the ear. It ruptured and became permanently thickened and contracted. Died December, 1868.

No. 11. J. P., aged 37 years. Acute Mania. Admitted May, 1868. Had hæmatoma of left ear in June, which became very large and ruptured, subsequently contracting. During October, 1869, was removed by his wife, contrary to the advice of the physician; the patient being still in a condition of dementia.

No. 12. J. H. K., aged 41 years. Melancholia. Admitted May, 1868. In January, 1870, while on the convalescent ward, developed hæmatoma in the right ear, which did not grow to any great size, and which still continues.

No. 13. A. P. McL., aged 37 years. Melancholia. Admitted July, 1868. Had strong hereditary tendencies to insanity, her father, paternal uncle, and sister being insane. On September 10, she had a swelling in the right ear, resembling hæmatoma. September 14, a swelling appeared in left ear, similar to the one in the right. September 23, the swellings subsided. She left the Asylum July 31, 1869, with still some thickening of both ears. [NOTE.—From the time of her admission up to March, 1869, she was constantly violent, noisy, and under great mental excitement, after which she be-

came quiet; but even when she left the Asylum she had not regained her former vigor of mind, and will probably return.]

No. 14. S. B. W., aged 37 years. General paresis. Admitted August, 1868. Had hæmatoma of the left ear August 27, which increased in size until September 17, when it was enormous. It then ruptured, and discharged profusely from the concha. During the night a scab formed on the point of rupture, when it at once filled up to its former size, and then the swelling formed over the helix, and extended over the posterior surface of the auricle, and under the scalp. It ruptured a second time, with profuse discharge, and subsequently contracted materially. Died November 24.

No. 15. J. T., aged 38 years. Chronic mania. Admitted August, 1868. During October had hæmatoma of the right ear, which was absorbed without rupture. The patient was removed to the county alms-house, September, 1869, unimproved.

No. 16. G. H., aged 50 years. General paresis. Admitted December, 1868. During April, 1869, hæmatoma of one ear commenced. It increased rapidly in size until April 19th, when it ruptured; 21st, still discharging. May 2d, discharges a little serum. May 10, discharge ceased. Ear much contracted and diminished in size. Died October, 1869.

No. 17. J. R. F., aged 45 years. General paresis. Admitted February, 1869. About two months after admission, he developed hæmatoma of both ears. Neither of them ruptured, but the ears were left permanently thickened. He eloped September, 1869.

No. 18. T. H., aged 37 years. Acute mania. Admitted February, 1869. Had a large hæmatoma of the left ear in October, 1869, which ruptured, and left the ear much contracted. Died January, 1870. Autopsy

revealed cerebral and pulmonary disease, and it was found that the perichondrium in both ears was firmly united to the auricular cartilages by a quantity of organized exudative material, which completely obliterated the cavities, which had contained the effused blood, during the existence of hæmatoma.

No. 19. C. J., aged 24 years. General paresis. Admitted March, 1869. About five months after admission had a large hæmatoma of the right ear, which ruptured and discharged, leaving the ear contracted and thickened. Died March, 1870.

No. 20. H. G. E., aged 28 years. Acute mania. Admitted May, 1869. Hæmatoma of right ear commenced September 6, 1869, and attained a considerable size, after which it gradually subsided, leaving some thickening of the ear. The patient is still living in the Asylum, in a profound state of dementia.

No. 21. C. S., aged 32 years. Melancholia. Admitted July, 1869. During August he developed a hæmatoma of the right ear, which gradually increased in size until all the lines were obliterated. While in this condition a violent patient struck him a severe blow upon the left ear with a broom-handle, causing the ear to swell very much, and producing ecchymosis of the surrounding parts, but without producing anything like hæmatoma. The right ear subsequently ruptured spontaneously, and discharged about half an ounce of sero-sanguinolent fluid, after which the organ became much contracted and deformed. The patient still remains in the Asylum, and is considered to be a chronic case.

No. 22. W. McC., aged 45 years. General paresis. Admitted September, 1869. Hæmatoma commenced in the left ear November 1, 1869, and increased in size until November 8, when the right ear began to enlarge. The left ear increased until November 15, when it was

enormous. It then ruptured and discharged large quantities of bloody fluid. It was still discharging November 28, and the ear was commencing to contract. The right ear gradually subsided. At the present time, (March, 1870,) the left ear is very small, contracted and deformed, while the right is of nearly normal appearance. The patient is now in the last stage of paresis.

No. 23. A. W., Aged 60. Chronic mania. Admitted December 1, 1869. Has been insane for more than a year. Hæmatoma of the right ear commenced January 12, 1870, and became quite large, but is now subsiding without having ruptured.

No. 24. W. S., aged 37. Melancholia. Admitted December, 1869. Complains of severe pain in the head, and has had many attacks of what he calls the "falling sickness." Is much depressed and emaciated. Refuses food, and is fed with difficulty. Destructive and suicidal. Tried to kill one of the attendants. Has to be restrained in a chair. January 21, hæmatoma commenced in the right ear, and continued to increase until March 27, when it ruptured, and discharged a large amount of bloody matter.

An analysis of the above twenty-four cases would show that hæmatoma occurred twenty-three times in men and only once in women. The form of insanity was general paresis in eight cases; melancholia in six; acute mania in four; chronic mania in four, and dementia in two. Both ears were affected in nine cases; the right ear alone in nine and the left ear alone in five, while in one case the records do not state which ear was diseased. In fifteen cases the cyst ruptured; in seven absorption took place; in one case of double hæmatoma one ear ruptured while the other underwent absorption, and in one case it is not stated whether rupture or absorption occurred. In nine cases the patients

died insane at the Asylum, nine were discharged unimproved, and six remain and are in a state of dementia.

We find, therefore, that hæmatoma is almost entirely confined to the male sex, and that it occurs in those forms of insanity which are incurable, also that in the great majority of cases the cyst undergoes rupture rather than absorption of the effused blood.

Several points of interest present themselves in the study of this peculiar phenomenon, and first of all the pathology of the disease is worthy of consideration. The earlier observers were of opinion that the tumor was caused by the effusion of blood into the subcutaneous connective tissue of the ear, but M. A. Foville called attention to the fact that during the absorption of the tumor the skin did not present the gradually decreasing shades of ecchymosis which is characteristic of all subcutaneous sanguineous collections, and he also pointed out that the skin was separated from the contents of the tumor by a tense resisting membrane. He therefore concluded that the effusion of blood took place between the perichondrium and the auricular cartilage. If we examine the plate accompanying this article, which represents a section of a hæmatomatous ear, which I obtained at the autopsy of case No. 9, we see that the perichondrium is detached from the anterior surface of the cartilage in such a manner as to leave a distinct cavity, which is lined by a smooth surface. This same appearance I have found in all the ears which I have been enabled to examine, when the patient has previously had hæmatoma, except in one case in which the cavity seemed to have been entirely obliterated by the deposit of a layer of organized lymph, which had re-united the perichondrium and cartilage throughout their whole extent. I therefore am of the opinion that the seat of the effusion is be-

tween the perichondrium and cartilage, and this opinion is further strengthened by the fact that after the rupture of the cyst, if the orifice be maintained open, a serous, or sero-purulent discharge continues for a long period of time, which discharge must of necessity have its origin in a secreting surface, and could not be produced in a cavity caused by the breaking down of the connective tissue by effused blood. The deformity which results from hæmatoma is easily explained by the adhesions which takes place between the inner surface of the perichondrium and the external surface of the cartilage, when the intervening cavity is emptied of its contents. In these cases, when rupture takes place, the distended and stretched perichondrium applies itself as a flaccid and wrinkled membrane to the surface of the cartilage, and the points upon each surface which formerly corresponded no longer come in contact with each other, an exudation of lymph takes place resulting in adhesion and subsequent contraction, and drawing and distorting the ear into strange but characteristic forms. On the other hand, when gradual absorption takes place the perichondrium contracts as it approaches the cartilage, and when the two surfaces at last come in contact they are evenly applied, so that the contraction which eventually ensues simply lessens the size of the organ, but does not draw it out of shape to any considerable extent. Actual experience proves the above view to be correct, since those cases of hæmatoma which rupture spontaneously, or are opened artificially, do leave far greater deformity than the cases in which the blood is gradually absorbed.

The question as to the cause of the effusion of blood which constitutes the hæmatoma is one which is much discussed, and has been differently answered by different observers.

When we consider the intimate connection between the circulation in the ears and that of the rest of the head, and remember the redness and turgescence of these organs during cerebral congestion, and their pallor during syncope, we cannot but acknowledge that any disturbance in the circulation in the brain is prone to produce a corresponding alteration in the circulation of the ears. Now in all chronic cases of insanity, and especially in general paresis, we find a tendency to repeated congestions of the head, and under such circumstances it is natural to suppose that the blood vessels of the ears become gradually dilated so as to favor the occurrence of an effusion of blood. In fact, in one case published by M. Marcé, in 1858, each of the eye-lids as well as the ear was the seat of a sanguineous effusion, as if all the capillaries of the head and face were rendered turgescient at the same time.

Besides the cerebral congestions we have another strong agent in producing peripheral dilatation of the blood vessels in the sympathetic system, and in a former paper of mine, published in this JOURNAL, upon the "Pulse of the Insane,"* I think I have clearly shown that this result may be produced simply by the centripetal excitation of the sympathetic system by strong emotion. A kind of reflex action is thus set up, which is due to the intimate blending of the fibres of the cerebro-spinal and sympathetic systems in the cranial cavity. A strong emotional excitement acts upon the centripetal fibres of the sympathetic, is reflected to the central ganglia, and reacts upon the fibres governing the peripheral circulation, and in this manner are produced the phenomenon of blushing, pallor, &c., &c. Among the insane the emotions become much stronger from the fact that they are under no control or governing power

* American Journal of Insanity, January, 1870.

of the will, and therefore tend to modify to a greater extent the functions of the circulation and nutrition.

We therefore find two powerful idiopathic causes for the production of hæmatoma, viz.: cerebral congestion and centripetal irritation of the sympathetic system by the emotions, and either of these causes I consider to be sufficient to produce the phenomenon.

Many authors have thought it necessary to attribute hæmatoma to external agencies, such as personal violence, either self-inflicted or received at the hands of others; but if this be so why we do not meet with hæmatoma in persons who are not insane, and who have received some injury of the ear? It is true that a few cases of this kind have been reported, but they are indeed very few, when we consider the exposed situation of the external ear, and its constant liability to injury. Two cases are reported as having occurred in the practice of Langenbeck, but in one the patient was a girl of twelve years of age, and it is especially mentioned that she was very *ignorant* and *wild*, while the second patient labored under an attack of delirium tremens; so that in both of these cases the presumption is that some pathological condition of the nervous centres existed which may be considered as the predisposing cause of the hæmatoma. Toynbee states however that he met with a true case of hæmatoma in a professional boxer who received a blow upon the ear, and who did not present any evidences of insanity; and Rupp states that he has met with this condition of the external ear in soldiers, and other persons not mentally disordered. Two cases which occurred in this Asylum, present points of great interest as regards the production of hæmatoma by external violence. One of them has been already given as case No. 21. The patient, who had melancholia, developed a hæmatoma of the right ear, and when the

tumefaction was at its height, he was violently struck on the left ear by a broom-handle, in the hands of another patient. The result was that the disease of the right ear ran its usual course, and finally ruptured, while the left ear became swollen and ecchymotic, but did not in any degree assume the appearance of hæmatoma. Now in this case, the injury was inflicted upon an insane patient who was already predisposed to the disease, and yet failed to produce the phenomenon. The second case was that of a patient laboring under acute mania, who was in a ward with violent lunatics, one of whom struck him a severe blow upon his ear with a boot, so that the whole organ as well as the surrounding parts were swollen and ecchymosed, and yet there was no appearance of hæmatoma.

The two above cases recall to my mind another, when the patient entertained very marked delusions, thinking that he constantly heard voices, in order to prevent which he stuffed his ears with bits of paper, and all kinds of filthy rubbish, and kept his hands continually pressed against his ears, and yet with all this irritation, no evidences of hæmatoma ever presented themselves. The above three cases lead me to believe that external agencies have but little to do with the production of hæmatoma, and that we must seek for the real cause among the pathological lesions connected with insanity itself.

The case cited as No. 12, occurred in a patient, who was at the time quiet and melancholic, and was in the convalescent ward, among patients who were entirely orderly, and when it was impossible for him to receive any injury or violent treatment, and yet a true hæmatoma developed itself.

The local treatment of this affection is a matter of but little if any importance, and I may add of but

little avail. Puncturing the sac or laying it open, results in more harm than good. The most favorable termination is gradual absorption of the effusion, since the remaining deformity is much less in these cases than in those where the contents of the cyst are suddenly evacuated by spontaneous rupture or by artificial means. Dr. Gray has, however, given me the details of one case where he observed the patient during the earliest stage of the affection, and where he found the posterior auricular artery pulsating with unusual violence, and apparently much increased in size. It occurred to him at the time to apply a ligature to the vessel, and thus shut off the supply of blood to the ear, and he proposes to do so if a similar case presents itself. Whether such a procedure will be of service can only be determined by experience.

The constitutional treatment of this affection simply resolves itself into the general treatment of insanity itself. That it indicates a diminished power of innervation and nutrition I think admits of no doubt, since we find it as an accompaniment of those forms of mental derangement which are chronic, and associated with enfeebled physical power. A general tonic and supporting form of treatment is indicated, especially where rupture has taken place and is followed by obstinate suppuration.

In conclusion,

1st. *Hæmatoma Auris* consists in an effusion of blood into the space between the perichondrium and cartilage of the ear.

2d. It occurs as a rule in persons who are insane, and is only very exceptionally found in the sane.

3d. It accompanies those forms of insanity which are essentially chronic or incurable, and consequently its presence indicates a very unfavorable prognosis.

4th. It is idiopathic, depending upon a pathological condition of the brain, and is incapable of being produced by external violence alone.

DESCRIPTION OF PLATE.

The two lower figures represent the ears of the patient described in case No. 4. The left hand figure is a photograph taken from a plaster cast, which cast was made when the tumefaction was greatest. The right hand figure represents the same ear after rupture and contraction had taken place.

The three upper figures were taken from the ears of the patient described in case No. 9. The two left hand figures show the amount of contraction which took place after rupture of the cysts; while the figure on the right shows a section of one of them, and demonstrates the separation of the perichondrium from the auricular cartilage.





PROGNOSTIC VALUE OF DIFFERENCE OF THE PUPILS IN INSANITY.

BY W. NASSE, M. D., SIEGBURG, PRUSSIA.*

Since the essay by Seifert (*Allgemeine Zeitschrift für Psychiatrie*, 1853, vol. x.,) nothing has appeared, to my knowledge, in Germany treating of the prognostic significance of the difference of the pupils in insanity.†

The results of that essay I assume to be well known; and would state beforehand that on the whole they seem to have hit the truth; still I consider them as requiring some amplifications and elaboration, since only slight materials for observations have been made use of; and this elaboration is the more necessary in the direction of the prognostic significance of this symptom, which, in a degree hardly equalled by any other, may furnish cause for a mistaken apprehension, especially in the sphere of physicians not perfectly familiar with the symptoms of diseases of the brain connected with insanity. Observations continued for years in several large asylums, during which time I have given particular attention to the difference of pupils, and the symptoms of partial paralysis accompanying the same, give me a certain claim to speak on this question.

* Read, with some slight modifications, at the sitting of the Psychiatric Society of the Rhine-Province, June 13, 1868. Translated for the *JOURNAL OF INSANITY* from the *Allgemeine Zeitschrift für Psychiatrie*.

† I think it proper to remark that it is not my intention to enter on the question so ably and thoroughly discussed by Richarz (*Zeitschrift* xv., 21-27,) as to which of the two pupils be the one diseased: for the present purpose the statement of an existing difference will be sufficient.

In the first place I think it proper to state, that difference of the pupils is much more frequent with the insane than is apparent from the opinions which have come within my observations, at least those of German physicians for the insane.*

With these agree (besides Austin's communications, alluded to hereafter, and which refer to paralytics only) the observations of Castiglioni on the Sinaora: "*Sulle alterazioni delle pupille nel pazzi*, 1863." (Extract from *Annal. Med. Psych.*, 1865, v. 76.) Among 146 insane, Castiglioni found only 36 with normal pupils. An inspection made during the past year of all the sick, then inmates of the asylum at Siegburg, gave this result, that out of 229 patients only 83 were without this difference of the pupils.

But as to this proposition I remark, that at times the ratio is a still greater one; that for weeks hardly a patient is received who is without this difference; and that moreover in an asylum intended for more recent cases of mental diseases (though of course this exclusive rule is not justified by the reality,) you will certainly find a smaller number of paralytics and demented patients, who make up the large number of those afflicted with the symptoms under consideration, than in institutions which are at the same time intended for treatment. After having given my attention more especially to the condition of the pupils, I soon became convinced from my observations, that the disturbed motion of the iris is only in a few cases an isolated one, but exists frequently in connection with diseased nerves in the branch of the facialis and hypoglossus.

At first, meeting frequently with dialysis of one cheek with mouth awry, the declination of the tongue

* Jacobi, in his work on mania, notes a marked difference of pupils in four cases only, out of some fifty.

to one side, and a simultaneous inequality of the pupils, I determined to regard these symptoms as indications of general paralysis. The absence of other disturbances of motion belonging to this form, the sporadic occurrence of the above mentioned symptoms of dialysis (weakness,) and its existence without all the characteristics which accompany paralysis, taught me the mistake in my views, the more quickly as I had an opportunity of finding, without exception, those symptoms of partial dialysis in all psychical forms of mental disturbance.

It would seem as if the attention of physicians to the insane has been turned in a slight degree only to the observation of these phenomena; they are certainly very rarely mentioned, and Seifert (vide p. 553,) mentions having met only once amongst his cases with inequality of cheeks and of the tongue. As an example of the frequency of these cases, I would adduce the observations made from the 229 patients whom I treated at the same time in August last. Of these, 56 patients only, (14 male and 42 female) showed no difference of pupils, cheek and tongue; 40 (13 male and 27 female) showed inequality of pupils, but 106 (66 males and 40 females) showed simultaneous inequality of pupils, dialysis of one cheek and declination of the tongue: finally 27 (16 males and 11 females) with equal pupils, showed inequality of cheeks and declination of the tongue. Similar ratios have been constantly recurring in my observations, and authorize the conclusion that about one-fourth and no more of the patients under my observation show no abnormal state of pupil, face and tongue. This frequent occurrence shows that these irregularities are in no way confined to the forms of general paralysis and dementia; but involve also in a considerable measure the primary forms of mania and melancholy. Seifert has already observed the same in 24 cases, and I there-

fore consider it unnecessary and superfluous to give a more minute and statistical exposition of its occurrence in the various forms of mental disturbance. Nevertheless, I desire to mark the fact that in general paralysis I have observed the symptoms of partial dialysis more frequently than other observers. Seifert has 17 cases of difference of pupils in 25 paralytics. Pelman, (whose as yet unpublished observations I shall have occasion hereafter to refer to,) notes the difference in 25 out of 50 paralytics. Von Linstow (*Zeitschrift* xxiv., p. 440,) has observed in one-third of his cases variation of the pupils. Of 108 cases of general paralysis which have come under my observation during the last four years, at Siegburg, the ratio was about as follows: of 25 female patients one only showed no change of pupil, three others suffered from various diseases of the eye, (Glaucoma, dimness of the cornea, Synechia of the iris,) precluding a judgment of the changes in the iris; but the remaining 21 had evident inequality of pupils. Of 83 paralytic male patients, 76 showed a marked difference of pupils; in two others were noted constant contraction of both pupils to the size of a pin's head. Two suffered from diseases of the eye, viz.: contraction of the iris and dimness of the cornea, which did not permit an appreciation of the state of the pupils, whilst in three cases only, no difference of the pupils was observed. Out of 103 cases, therefore, only 4 patients showed no changes. This coincides with the observations made by Austin, (*Annal. Med. Psych.*, 1862, viii., 177,) who asserts that he had found only two exceptions amongst 100 cases of paralysis; but I am compelled to remark that the communications of this observer, for a reason to be hereafter stated, seem to possess but a small general claim to reliability, for he educes this axiom from his observations; that there ex-

ists a certain relation between the side of the body on which the disturbance in the motion of the iris exists, and the form of mental disease, and moreover that melancholia is connected with the affection of the right pupil, and mania with that of the left one; also that the state of the pupils is changed regularly in accordance with the change of exaltation and depression. Immediately after the publication of this essay, Pelman took the trouble to test the truth of the foregoing statements at the private asylum of Dr. Reimer, in Görlitz, making use of 30 cases then at his disposal, and he has arrived at the conclusion that they have no foundation whatever in fact. Austin has quoted 14 cases where in mixed delirium the state of the pupils changed simultaneously with the varying forms of mental disease, and in accordance with the melancholy, or exalted condition the right or left pupil was enlarged. Pelman had an opportunity for six months of making close observations on the phenomena of the rapid change of enlargement of the pupils in both eyes of a paralytic, and this case is peculiarly fit to prove the untenability of Austin's axiom.

This patient showed a very remarkable difference in the variation of pupils; now the right one, then the left, was considerably enlarged, and the change was frequently accomplished in one day, but as often within several weeks. In spite of a very exalted vanity, the patient was exempt from the properly so-called *mania dignitatis*, though showing the quick, short transitions characteristic of that form of insanity. A continued comparison of the condition with the state of the pupils, gave not only the result, that the pupil would frequently remain quite unaffected by the mental change, but that the enlarging of the right pupil might often be observed in a gayer mood, and that of the left

one more frequently when in a depressed condition, which result stands out in full contrast to Austin's assertions. I deem it hardly necessary to add that from long and continued treatment of paralysis, I have myself arrived at similar results, and that the status of the pupils in patients suffering under simple melancholy or acute mania, agrees no better with Austin's statements.

In inquiries into the conditions of these symptoms of dialysis, we must not forget that the differences of the pupils may be caused by diseases of the organ of sight itself, principally of the retina and optic nerve.

Billod (*Annal. Med. Psychol.*, 1863, ii. 319,) has already made extended observations in this respect, but he has in 400 cases found amaurosis to be only three times the cause of difference of the pupils, and has thus shown the frequent occurrence of the latter without the simultaneous presence of the former.

More numerous indeed are the variations which an ophthalmoscopic examination of the pupils of 142 patients in the asylum at Prague has afforded, (Koestl and Niemetschek, Prague, 1867; 95, 134.) Repeated investigations with the ophthalmoscope, undertaken at Siegburg by experienced ophthalmists, upon a number of patients decidedly affected with difference of pupils, have shown in a few cases only atrophy of the optic nerve, while in the remainder no affection of the optic organs could be proved. Therefore, the difference of pupils so frequent in lunatics, seems to admit of such an explanation in rare cases only. One might be led to look for the cause in the direct influence of the motory nerves of the iris, of which (as is well known,) the N. oculomotorius rules the sphincter, the N. sympathicus the dilatator iridis. Whether this condition is a constant enlargement of the pupil caused by dialysis of the oculo motorius, or by irritation of the sympathicus,

or is a contraction caused by the irritation of the oculo motorius or by dialysis of the sympatheticus, is, at present, a problem not to be solved; since it is impossible to ascertain by physiological experiment the share taken by these nerves. It is true that we know from the studies of Budge, (On the Motion of the Iris, p. 184,) that the enlargement through atropia takes place rather by influencing the oculo motorius; and recently Royow, (Journal of Rational Medicine, 29, 1,) according to his essays has thought himself justified in reducing the operation of the Calabar bean to the irritation of the oculo motorius alone, and in excluding the dialysis of sympatheticus, and if we compare with this the observation that the minute contraction of the pupil, rather frequently observed in paralytics, is changed constantly to enlargement by the infusion of belladonna, (atropia,) and that after the application of the Calabar bean, contraction immediately follows. (This I have frequently seen myself, in several cases of quite remarkable one-sided enlargement of pupils in paralysis.) If we consider all this, we might be tempted to ascribe the chief part in the variations of the iris to the nervous oculo motorius, but with this restriction, that this supposition is merely a guess so long as strict proof is wanting to explain the source of these nerves, or their functions. We are obliged to seek the cause of the variations of the pupil in the brain itself, as Linstow has endeavored to do of the difference of pupils in paralysis. Starting from the facts that ptosis and strabismus are generally wanting; that the pupils, immovable under the irritation of light, expand through atropia; and that, moreover, the eye is in possession of its normal sharpness of sight, he concludes that the absence of reflex action, (transmitted through the brain,) between the opticus and oculo motorius, is the proximate cause.

Budge also, (vide p. 176,) directs our attention to the importance of disturbed nutrition on the central system of nerves, as a condition tending to produce contraction or enlargement of the pupils according to its erethistic or torpid form, through the agency or mediation of N. trigeminus. This scholar is inclined to ascribe to a torpor in the nutritive powers and the sphere of feeling, an essential part in the enlargement of the pupils. This may indeed have to be confined to the cases of equal variation of both pupils in constitutional diseases, &c.; whilst for the explanation of the one-sided variations of pupils which occupy us here, scarcely anything can be gained from it.

The above mentioned symptoms, together with psychological changes, with frequent and rapid variation in the differences of the pupils in patients afflicted with brain disease, (of which a remarkable instance has been stated above, and of whose frequency my fellow physicians all have doubtless their own experience,) allows hardly any other explanation than through an implication of the centre. The temporary influence of pressure on different parts of the brain, produced by obstruction of circulation or accumulations of serum, may cause such a change, and it is thus that Leyden, (Virchow's Arch., 1866, 374,) seeks, in a want of balance in the pressure, the cause of differences of the pupils. A very interesting and pointed example of this theory has been made public by Wilks, (Guy's Hosp., Rep. vii., 1866, extracted in *Journal for Diseases of Children*, 1861, 37, 147,) viz.: an hydrocephalic child, in whom through a change of position of the head, whilst in bed, a corresponding one-sided enlargement of the pupil was produced at option, and the influence of the pressure and its relations were placed beyond doubt. But the co-operation of ideas in optional changes of the pupils

which has been observed in isolated cases of healthy persons, we may confidently exclude from the case of our patients. Equal difficulties meet us, when we try to explain the causes of paralytic symptoms in the localities of the N. facialis and hypoglossus. Cases, it is true, are known where one-sided paralysis of face and tongue was affected by evident disease of the roots of the nerves, (pressure through tumors, rigid arteries, etc. ;) but such cases are on the whole of rare occurrence ; they do not directly concern the class of patients who are the subject of our present disquisition, and do not belong to that class of symptoms which we find in the simultaneous affection of pupils, face and tongue. Partial atrophy of single branches of the nerves mentioned, (Pierreson Archiv. General 1867, x., 184,) which has been proposed to explain these paralytic symptoms of a limited character and mostly similar to paresis, relates more to the so-called progressive paralysis of Duchenne, and to the diplegia facialis, and lacks still the anatomical confirmation. The same may also be said for the otherwise plausible reduction to a disease of Bulbus medulla, (Sclerosis, Bulbar paralysis according to Wachsmuth,) in reference to our cases.

Now, however likely the existence of a central condition may appear considering the simultaneous affection of pupils, facial muscles and lingual nerves, the generally parallel development of symptoms, and the constant co-existence of psychological disturbance, the more so as the more recent investigations of C. Bernard and Deiters place the source of the pupil nerves in the uppermost breast part (Brusttheil) of the spinal cord ; this much is certain, that the location of the change at the bottom, (in the medulla oblongata, or a deeper part of the spinal cord,) must remain just as undecided as the manner of the affection, in the absence of relative pathological

discoveries. That the cause of those paralytic symptoms cannot be sought in simple hyperæmia, such as occurs constantly in the beginning of psychical disorders in a certain period, seems to follow from their longer, and frequently constant duration, after the congestion has ceased; the obstinate duration of the symptoms points rather to a pathological change of tissue, which is probably to be found either in inflammation or serous exudation, or in small extravasations of blood.

The sudden rise, and slow, gradual disappearance of the paralytic symptoms, would argue in favor of the last named cause; the more so, as the one-sidedness of the symptoms points rather to that than to an inflammatory process, which is besides rarely to be found in psychical disorders. With this, the prognostic significance of these symptoms would agree, and this I ask leave still to believe. Inequality of pupils in insanity has always been deemed a highly unfavorable symptom, and the fearful idea of a deeper and incurable affection of the brain usually followed the discovery of a constant difference of the pupils, especially when further paralytic symptoms were remarked in the locality of the cerebral nerves. I confess to having formerly been somewhat of a partisan to this unfavorable opinion, and to having been led partially by this symptom in making the prognosis. Although Seifert (p. 564,) says, (and quite to the point,) that the prognosis is not absolutely a bad one, by reason of the difference of pupils, I think now, after many years' attention to this particular phase of insanity, that we may go further, and stretch the axiom so far as to say that even constant inequality of pupils in mental disorders of all kinds, (except of course the paralytic cases, in which the simultaneous occurrence of general disturbance of motion alters the view entirely, and allows the difference of the iris to appear simply

as a link in the whole series,) does in no way justify an unfavorable prognosis, but has generally speaking no material significance in regard to the issue of the disease. This may be said in like manner of the partial symptoms of paralysis, those of the face and tongue before touched upon, to which I should not even refer the importance of the disturbance of motion of the iris. They do indeed enter simultaneously with the latter into consideration, but in the course of the mental disorder they disappear sooner than those, through gradual decrease; for in most cases the development is this, that all the symptoms of partial paralysis grow gradually less with the transition of the mental disorder to a state of recovery and with increasing nutrition, and that they finally disappear entirely, while they remain unchanged for the most part in psychosis of a stationary or progressive development; but it also occurs that as one or the other of the symptoms of paralysis remains in spite of the psychical recovery, so it may also disappear, recovery not taking place. In this respect, to substantiate the above assertion of the prognostic insignificance of the inequality of pupils in psychosis, I am able to bring forth the fact, that a complete and enduring psychical recovery may follow, though this inequality remain. Of the cases at my disposal, I have selected from those treated last year the following, which were marked by a peculiarly strong difference of the pupils and which I regard as sufficiently important to justify a few short sketches at this point, as special proof in support of my views.

1. H. B., teacher, 27 years old, admitted June 27, 1866. Mother has been insane; a lively youth, educated for a teacher. In his eighteenth year was attacked with a dangerous disease of the chest. Since his twentieth year has worked satisfactorily as a teacher; was

betrothed in 1863; engagement broken off in autumn of 1865, under painful circumstances, from which resulted falling into debt; since then has been in a melancholy state of mind. May, 1866, acute mania, congestion of the brain, blood letting. On admission, height 66½ inches, weight 116 lbs., mania with erotic features; the left pupil largest, the right cheek more flaccid, anæmic. Gradual recovery; discharged at end of January, 1867; weight 149 lbs., the left pupil still remarkably enlarged.

2. F. S., joiner, 20 years old, admitted November 19, 1863. Mother, grandmother and one sister insane. Youth rachitic; of ordinary parts, choleric, poor education. In summer of 1863, arduous nursing of his mother; in November, acute mania. On admission, height 59½ inches; weight 86 lbs., intensely maniacal, right pupil enlarged, right cheek more flaccid, scrofulous ozaena. Slow improvement; blanks of memory during illness; January, 1865, discharged as recovered, with continuing symptoms of dialysis.

3. H. W., bladesmith, 24 years old, admitted November 14, 1864. Youth lively, gifted; excesses in *Baccho et Venere*; syphilitic infection. When a soldier in the Holstein campaign, was punished for insolence; syphilitic infection (chancre and tumor of the neck,) cured in the military hospital September, 1864; at the same time maniacal exaltation and distracting hallucinations of hearing. On admission, height 62½ inches; weight 143 lbs., exaltation without insane delusions; the right pupil enlarged, right cheek more flaccid, tongue to the left, anæmia. Gradual improvement with blanks of memory during illness; weight 156 lbs.; recovered in May, 1865; discharged with his right pupil still enlarged.

4. W. B., 21 years old, field hand, admitted April 8,

1864. Mother transiently, her aunt permanently insane. Youth quiet, mild, of good parts, inclined to solitude, onanous. In December, 1862, two epileptic attacks during sleep, after heavy work. In summer of 1863, fear of being drafted, melancholy state of mind, self accusations. In February, 1864, anxiety, suicidal attempts. On admission, height $60\frac{1}{4}$ inches; weight 116 lbs.; melancholy, delusions of being lost body. The right pupil enlarged; the right cheek (facial half,) more flaccid, congestion of the brain; gradual improvement; weight 131 lbs.: discharged recovered April, 1865, with lasting enlargement of right pupil.

5. G. D., miner's wife, 28 years old, admitted February 8, 1864. Mother transiently insane; youth feeble; of good parts; self-willed. Married six years; three confinements; needy circumstances; hard working. After a fright from the sudden death of a child, (run over,) in May, 1863, melancholy state of mind. In November, anxiety, congestion of the brain, anæmia. On admission height $58\frac{3}{4}$ inches; weight 90 lbs.; melancholy, blanks of memory, right pupil enlarged, right cheek more flaccid, tongue to the right, congestion of the brain, anæmia. Gradual improvement with increase of weight (117;) memory becoming stronger; recovered August, 1864, and discharged with lasting symptoms of paralysis.

6. F. L., servant maid, 26 years old, admitted December 31, 1864. Parents of weak intellect; mother's brother an idiot. Youth lively, of good parts; 1862, illegitimate pregnancy; forsaken by her lover; melancholy. September, 1863, confinement; nursing till December, 1864, together with menstruation; taking care of her mother until she died; uncertain state up to November, 1864; fright at an attack upon her modesty; anxiety; voices in the air. On admission, height 59

inches; weight 101 lbs.; anxious, depression, congestion of the brain; left pupil enlarged; right cheek more flaccid; tongue to the right; cessation of menstruation. Recovery; weight 134 lbs.; discharged September, 1865, with left pupil larger.

7. C. R., mason's wife, 49 years old, admitted May 22, 1865. Youth unknown; married at 22 years; five children; narrow circumstances; grief about a son; menstruation ceased about three years since; rheumatism and stiffness for several years. January, 1865, anxiety; voices in the air; refuses food. On admission, height 59 inches; weight 94 lbs.; melancholia; left pupil enlarged; right cheek more flaccid; tuberculous infiltration of the lungs, with fever in the evenings. Recovery with decrease of fever, but continuance of difference of pupils; weight 108 lbs.; discharged October, 1865.

8. F. K., servant girl, 27 years old, admitted May 12, 1863. Youth quiet, excitable. Illegitimate confinement April, 1863, with great loss of blood; breaks out into acute mania; delusion of being poisoned. On admission, weight 94 lbs.; mania with hallucinations of hearing and sight, afterwards changing to quiet derangement with delusions; right pupil larger, with congestion of the brain. Improvement after rubbing in of pock ointment. Recovered and discharged September, 1864; weight 112 lbs.; right pupil continuing larger.

9. R. G., servant girl, admitted May 30, 1864. A female cousin an idiot. Youth mild, of poor parts; quiet manner. Breaking out of acute mania with violent congestion of the brain, in May, 1864. On admission, height 60½ inches; weight 104 lbs.; maniacal excitement with delusions of metamorphosis, (horse;) hallucination of hearing, sight and taste; congestions of the brain; right pupil larger; right cheek more

flaccid; tongue to the left; oligæmia. Gradual improvement with increase of weight (141 lbs.;) recovered and discharged in March, 1865, with right pupil enlarged and declination of the tongue to the left.

10. C. K., postillion's wife, admitted May 21, 1864. Youth healthy, of good parts, mild. Strong menstruation and frequent bleeding at the nose until her marriage in 1862. Confined December, 1863, during which fright at her husband's falling sick; death of the child; breaking out of acute mania; alternating with stiffness.

On admission, height $59\frac{3}{4}$ inches, weight 106 lbs.; mania, with delusions of sight; hallucinations of high descent, &c. Congestions of the brain; left pupil larger; right cheek more flaccid; tongue to the left; enlargement of the heart, (right side.) Improvement, with regular menstruation and increase of weight (127 lbs.) Recovered, with continuing symptoms of paralysis, and discharged September, 1864.

11. A. T., peasant girl, 18 years old, admitted June 7, 1865. Youth mild; good parts; quiet; much affected by her mother's death six years ago; since then frequent fainting fits; at 17 years old, menstruation, feeble. April, 1865, after a missionary sermon, anxiety; self-accusation; hallucination of sight and hearing. On admission, height $58\frac{1}{2}$ inches, weight 100 lbs.; depression; hallucination of hearing and sight; much laughing; congestions of the brain; right pupil larger; left cheek more flaccid; coldness of limbs. Gradual improvement; weight 133 lbs.; discharged recovered in February, 1866, with continuing inequality of the pupils.

12. F. B., joiner, 53 years old, admitted September 25, 1866. Youth healthy, lively, of good parts; when grown up, happy in marriage; seven children; inclination to drink; loss of wife one and one-quarter years

ago; grief on account of a son demanding a partition of the property; cares of life; poor maintenance; heavy work and drinking. In August, 1866, maniacal excitement, then melancholy depression with suicidal thoughts; convulsions of limbs. On admission, height 63 inches, weight 117 lbs.; moderate exaltation; memory of his sickness wanting, otherwise judgment correct; right pupil larger; left cheek more flaccid; tongue declines to the right; facial muscles shake in talking; language stammering; as to the rest of the body only roughness at the first sound of the heart. Kept well for a long time, with full powers of mind; increase of weight as high as 134 lbs., but continuance of paralytic symptoms in pupil and face; discharged about end of January, 1867. After a pulmonary inflammation and hard work, with grief, relapse in June, 1868; second reception with paralytic and melancholic symptoms as in the first.

13. G. S., porter, 36 years old, admitted July 29th, 1866. Youth, poor education; becomes butcher, soldier, then porter; inclination to drink; after a fright three years ago, trembling of hands; two years ago hæmorrhage; in July, 1866, called on for military service; strong drinking; mania. On admission, height 67 1-4 inches, weight 154 lbs.; abatement of maniacal excitement; no recollection of the time of illness; left pupil larger, right cheek more flaccid, facial muscles quiver, frequent stuttering, rigid arteries; first sound of heart not clear; oligæmia. Discharged after being perfectly quieted; weight 162 lbs., in September, 1866, with paralytic symptoms continuing.

14. W. F., book-binder, 52 years old. Admitted November 11, 1865. Father a drunkard, died by his own hand; all his brothers and sisters melancholy. Youth, mild, quiet, good parts; when grown up, hard

working, inclination to drink, easily excited; in 1847 transient melancholy. In May, 1864, after a matrimonial quarrel, excitement, hard drinking, since then change of disposition; loss of his wife, October, 1865, after heavy sickness; increase of melancholy, restlessness, attempts suicide; letting of blood. On admission, height 62 3-4 inches, weight 132 lbs.; melancholy with hypochondriacal features, afterwards changing to exaltation; right pupil larger, tongue to the left, hesitation in speech, congestion of the brain and disinclination to exertion. Gradually improving, weight 145 lbs.; discharged recovered in February, 1866, with continuing enlargement of pupils, which on a visit made by a friend in summer of 1867, had disappeared.

Concerning the duration of these recoveries, I have kept myself informed in all the above cases, and failed in one case only, No. 10, the present domicile of the patient not being ascertained; of the rest the continued condition of recovery has been substantiated. Relapses have until now occurred only in No. 2., who was again received into the asylum, but with a change in the difference of the pupils; and in No. 12, who came again under treatment with the same paralytic symptoms. I regret that in only one case, No. 14, where the patient was located in the neighborhood, have I been able to notice the state of the pupils continuously since discharge; the disappearance of the difference in the pupils in this case, would appear to favor the supposition previously expressed as being probably of a slow absorption of an extravasation; and the observation in No. 2, where the pupil formerly enlarged, appeared similar to the normal one on the second admission, after an absence of three years, might be added to corroborate it.

The cases communicated, concern for the greater part the so-called primary psychical forms of mania and mel

ancholy ; among others there were those also in which there were sufficient indications to justify an unfavorable prognosis, especially on account of their pseudo-paralytic character. Constant characteristics found in all cannot indeed be observed in them ; yet it seems worthy of mention that in nearly all cases the symptoms pointing to hyperæmia of the vessels of the brain could be clearly observed on their admission ; moreover, I would refer to the fact that the disturbance of motion in the muscles of the face and tongue always disappeared or was at least reduced to a very slight degree. Besides the above cases, numerous patients have left the institution more or less recovered, and have shown themselves fit for existence in society, who at their departure were still affected by continuing inequality of the pupils.

The objection, that the phenomena here treated of, also occur in sane persons without any conscious or noticeable disturbance, certainly cannot be entirely gainsaid. Any observer directing his special attention to the state of the pupils in the more extended circle of sane persons of his acquaintance, cannot fail to remark that single individuals of them are met who show such an inequality of pupils, not caused by other diseases of the eye, and which are usually quite unknown to them. As to the frequency of this condition, I am not in a position to give more definite information, since I have made no observations on large classes of persons which alone would give accurate results, and as to other statistical notices affecting the subject, I am ignorant of them. But with Siefert, (p. 550,) I think it doubtful if the frequency of this abnormal condition, (rightly styled a *vitium* by Richarz, p. 23,) in healthy persons exists in any such ratio to the inequality of pupils in insane patients, as to justify a reduction of this

“vitiam” in any measure to a peculiarity common to sane people, and I would suggest principally, the essential difference founded in the simultaneous occurrence of the other partial symptoms of paralysis; and in the development, a difference which stamps the symptoms shown in insane persons, as clearly morbid.

IN RE WILLIAM WINTER.*

(*The Value of Expert Testimony.*)

BY JOHN ORDRONAU,

PROFESSOR OF MEDICAL JURISPRUDENCE IN THE LAW SCHOOL OF
COLUMBIA COLLEGE, NEW YORK.

It is not as generally known as it should be, that the testimony of experts in any branch of science, is the least fallible of all the forms of human evidence. In fact it is that one which, beyond all others, approximates most nearly to certainty in judgment, because it consists of circumstantial evidence, superadded by way of corroboration, to skilled perception. To lawyers indeed, this assertion will seem paradoxical, accustomed as they are to summon experts for the express purpose of contradicting each other. But it should be remembered at the outset that it is a rare thing for any skilled witness to contradict himself or others on an examination in chief, if precisely the same questions be put to both. Assuming that the expert testifies without bias,

* This case arose from a Commission *de Lunatico Inquirendo*. The finding of the jury for the respondent disposed of it absolutely, and it has never therefore been reported in print. This is greatly to be regretted as the testimony of the experts was exceedingly voluminous, as well as exhaustive of the subjects under consideration.

and that the subject under investigation is one within the range of demonstrative knowledge, all the probabilities are in favor of agreement, rather than disagreement between experts.

Of course we cannot undertake to discuss here the vexed question of qualifications in experts. That it is a very grave one, and the pregnant source of many errors in judgment and much consequent condemnation of skilled testimony, is every day made painfully manifest. Nor, until courts shall more nearly agree in some standard of qualifications for such witnesses, can we hope to see this evil remedied. But taking the word expert to import one *skilled by experience*, we repeat that there is a logical necessity for considering such testimony as the least fallible of any. We will admit, nevertheless, that upon cross-examination experts are often *made* to contradict themselves and each other. The reason for this can be easily given, and it flows from the paradoxical position in which they stand before courts. The object of cross-examining an *ordinary* witness is to test his memory or veracity. But it is not as readily evident what the object (and if he were not called most improperly as a *witness*) where the right can be to cross-examine an expert. For, *cuilibet in sua arte perito credendum est*. Certain facts are admitted, and a professional opinion required upon them. This opinion is founded upon a special interpretation of those facts, and the skill and experience necessary for that interpretation resides exclusively in the expert. Now to admit that a man is an expert by allowing him to testify as such, and to permit his skill to be afterwards questioned, and tested by one who is not an expert, seems little else than a judicial farce.

So long however as experts are called by parties litigant, this absurdity will continue to be inevitable.

But the worst feature of this is, that it entails upon counsel the necessity of endeavoring to invalidate such testimony by cross-examination. Consequently leading questions are put to experts precisely as to ordinary witnesses; propositions are laid down containing the most irrelevant premises, and courts permit counsel to insist upon categorical answers to such questions. It is not difficult to foresee the result. When one man can compel another to draw conclusions from premises already prepared for him, he becomes master of that other's opinions; and when those premises are purposely intended to entrap his judgment, and though discovered by him, he is still compelled to use them in forming his conclusions, he is doubly at the mercy of counsel. A man who requires me to look through his eyes, and to tell him what I see, asks me virtually to see precisely what he does. My personality becomes practically merged in his, and his judgment thenceforth overrules mine. Can it be surprising then, that experts should appear at times so unable to defend their own opinions, as to give rise to the suspicion that those opinions are based more upon conjecture than upon demonstrable truths? The fault, surely, belongs not so much to them as to the agency of counsel, to the variable latitude allowed to cross-examination by courts, in many instances, and the unwillingness to permit experts to explain the value and application of technical words.

All persons daily recognize the fallibility of their special senses, as vehicles for transmitting impressions to the mind, and when made aware by critical demonstration, of the tendencies to subjective error under which those senses lie, in their apprehension of the most patent objective truths, are forced inevitably to the conclusion that, without the revising and ex-cogitative

power of the judgment we should become the sport of every passing impression. There is a popular saying that "seeing is believing." It is an aphorism with the multitude who give it currency, and who are surprised whenever its truth is questioned, believing as they do in its axiomatic character. Yet ask the most self-opinionated witness to assert under oath that an oar which is seen propelling a boat is broken, because it *appears* so to the sight, and he will at once contradict the testimony of his vision. Again, ask him to roll a bullet between his crossed finger ends in the palm of the opposite hand and to state what he *feels* there, and he will say two bullets. But if required to swear to the truth of this impression he will refuse, on the ground that he *knows* better. Now how does he know better? That is the point. His own aphorism, or axiom as he has been deceived into considering it, is shown to have no foundation in fact, (for it *is* not so,) nor in reason, for the judgment will not affirm it. The senses are thus proved to be incompetent interpreters, negligent servants, and deceitful messengers for translating and conveying impressions from without to within us. Deprive them of the assistance of that revising, appellate tribunal, the judgment, whereby alone we are able to *ex-cogitate* truth from error, and their testimony is wholly unreliable and therefore valueless.

It is in the *pari passu* march of the senses with mental development that lies the difference between the infant, who, not being able to judge of distances, grasps at the moon or the chandelier, and the skilful engraver, who, by the slightest scratch under a magnified vision, perfects the distant points of his perspective. The eye which can interpret the mystic symbolism that lurks in and distinguishes the paintings of Raphael or Titian, from those of Rubens, Correggio or Salvator

Rosa, is not a better physical eye than that of the ploughman which detects the blight in the wheat, or the mildew in the corn, but it is one illumined by the amplified mental vision that not only apprehends, but also weighs, analyzes, reviews and corrects before affirming or contradicting the physical verdict below. The process is, in truth, a purely judicial one, and the judgment springing from it is the offspring of debate none the less close and severe because performed within us. It is here, particularly, that is exhibited the difference between a narrow and an ignorant mind judging questions *ex parte* and influenced by prejudice alone, or an imperial intellect sitting upon some Olympian height of its own, far above the range of fear, favor or passion. On this turns the difference between a Bacon and a Jeffreys—a Marshall and a Bradshaw.

It is chiefly in these great essentials of combining circumstantial evidence with skilled perception and judgment, that lies the preponderating character of expert testimony. Necessarily, therefore, it is higher than ordinary evidence as to mere facts, and it is higher than circumstantial evidence *per se*, since the value of this latter will always depend upon the qualifications of those who seek to interpret it. But when circumstantial evidence is indisputably interpreted by a skilled judgment, then human testimony may be said to approximate to certainty as nearly as it can, since nothing higher, in the direction of establishing truth by demonstration can be accomplished by the uninspired intellect of man. It becomes a moral certainty based upon both internal and external evidence.

The main purpose of ordinary evidence in law, is to furnish data whereby conclusions may be drawn. Its office is to treat of past facts exclusively, and to link them in a chain of mutual dependence which will justify

some *a posteriori* conclusion. Every ordinary witness must testify to facts alone that are within his knowledge. His duty is simply to exercise his memory in acts of a retrospective character. Beyond this he is not allowed to go, and can express therefore, no opinions upon facts in dispute. He narrates circumstances, but does not interpret their value, nor their relations to the issue before the court. His functions are ministerial, not judicial. Memory, veracity and a belief in moral accountability are the only qualifications exacted from him.

To all these prerequisites in an ordinary witness there is further and distinctively added in the case of an expert, special skill and experience. Armed with these, he rises at once from the plane of a simple narrator of facts, to an interpreter of their value, and a judge of their consequences, not only direct and actual, but remote and contingent. He does not alone draw conclusions from past facts, but must at times reason *a priori*, and thus *foreknow*, from experience of nature's laws, what their inevitable tendencies are, and in what way they will accomplish themselves. This is the science of prognostics. It is not a mathematical one, it is true. It has no equations to express the definite value of any of the factors which complicate its results, and yet it has a basis in truth, and in experience, and may be relied upon, because flowing from the recorded operations of laws known to govern the course of immutable nature. In the lower strata of material agencies, these laws operate with a precision which belongs to the necessities of chemical combination, and the balancing of forces that have no choice of action allowed them. This is generally enough perceived and admitted, but it is not as well known as it should be outside of the science of psychology, that the laws regulat-

ing mental action are governed by principles as fixed as any in the material world; and although the operations of minds under the disturbing influences of bodily disease, or moral freedom, are sometimes inscrutable, and their future phenomena not positively to be anticipated, there are nevertheless limits within which science may foreknow them, with almost the same certainty with which she foreknows the probable results of disease.

Hence the value of expert testimony in determining whether under a given state of circumstances the probabilities are in favor of, or against certain results, as in the sea-worthiness of a ship, the surgical treatment of a limb, the architectural perfection of a bridge, or of a building in relation to bearing a given weight. All will admit these to be legitimate scientific problems, and every day furnishes proofs of the importance of solving them correctly. There cannot of course be equal precision in predetermining and foreknowing the manifestations of mental action. Yet, as before said, laws bind and obligate even here. Their orbit is less circumscribed perhaps, but it is not wholly inscrutable on that account. Measured absolutely it never can be. But relatively, we can see that probabilities are not the work of mere chance, and that every mind will be tending constantly to act in the direction most consonant to its predispositions. This law explains the mystery of style in different men, and well shows how impossible it is to successfully imitate genius for any length of time. It is by a study and faithful observation of these rules of mental action, that men learn to acquire ascendancy over each other. Judging the future through the law of probabilities they infer what has not yet come to pass, and in proportion as they can thus read the deeds of time, and travel out of the lanes of prejudice

into the broader highway of philosophy, they become statesmen, and shining lights among men.

The case which we have selected as the basis for these remarks affords so full and sufficient a proof of the value of expert testimony, even in matters that seemed to border on foreknowledge, that none will question its right to a place among those leading trials which constitute the landmarks of rational jurisprudence. The facts upon which it rested, extending as they did over a period of more than thirty years, were so patent that their uncontradicted establishment should have been sufficient to convince any unprejudiced and enlightened mind; and yet it is easy to see how, without even the mistifying assistance of legal casuistry, jurors ignorant of mental physiology, and swayed by crude ideas of our moral nature, might be petrified in the belief that moral freedom is superior to organization or condition, and may rise above it at any time by an act of simple volition. It is in the nature of a primary belief with most men that they are masters of themselves, forgetful all the while that they are begirt with laws of temperament, prejudices of education, or locality, and teasing hereditary tendencies which perpetually *obsess*, if they do not possess them, and thus abridge the range of their independent action. We have called these elements of character laws, rather than fetters, despots or obstacles, and yet they exhibit traits that belong to all three of the foregoing. It is the glory of Revelation that it teaches the mind how to conquer, and curb the quadruped instincts that energize our material nature, and sustain it through the wasting changes of life. Nor is this conquest perfect until all the members and all the instincts are brought under subjection to the mind, in as complete a relation of homage as was that of the feudal vassal to his lord paramount. Moral

freedom depends wholly upon mental health and mental power, and it approximates to perfection in proportion as that power controls our instincts and actions in obedience to our unfettered will.

Turning now to the facts in the case, we will let the Record tell its unvarnished tale in the dry, technical phraseology of the law:

SUPREME COURT—CITY AND COUNTY OF ———.

| | | |
|---|---|-------------------|
| <p style="text-align: center;">IN THE MATTER of WILLIAM WINTER, a person of unsound mind.</p> | } | <i>Affidavit.</i> |
|---|---|-------------------|

I, ———, of said city, being duly sworn, do depose and say as follows:

* * * *

The above-named William Winter, who is a bachelor, was born on the 6th of February, in the year 1810, as appears from a record or entry of his birth, made by, and in the handwriting of his father, in the family Bible, now in my possession. He is the son of the late Gabriel and Jane Winter, of ———; the former of whom died on the 27th day of February, 1862, and the latter on the 19th of April, 1862, leaving him their sole surviving child, and leaving my two sons, who are the infant petitioners herein, their only grandchildren.

* * * *

Second. Ever since the autumn of the year 1849 I have been well acquainted with said William, who lived with his parents, at their residence in ———, and chiefly under the care and charge of his mother, from that date, to about the time of her decease, in April, 1862.

* * * *

William was provided for by his father, and lived in the same house; but he did not, during any part of this period, take his meals with, or live in the same manner as the other members of the family. From 1850 to 1857, his meals were prepared for, and taken by him upon a small pine table in the kitchen, where much of such portion of the time as he spent within the house was passed by him in the presence and society of the cook and other servants, between whom and himself there were frequent controversies and

quarrels, which occasionally terminated in combats. He assumed the government and control of the kitchen, where he ruled in person, and where his manner, conduct and conversation were generally peculiar and eccentric.

In opposition to the wishes and request of every other member of the family, he insisted upon taking, and for several years did take, his baths in the kitchen-pantry, where the family crockery was kept, nor could he, for a long time, be persuaded to desist from so doing.

His orders to servants were usually given in a loud, peculiar, screaming or howling tone, and in a way to alarm nearly every person who heard it. He would often insult and abuse the servants, by calling them by the worst and most offensive names; and he would also frequently seize water-pails, slop-pails, or such utensils as were standing in the kitchen, or the kettles of hot water on the range, and empty the contents of the same upon the kitchen-floor.

His continued presence, and his extraordinary and irrational conduct in the kitchen, rendering it very difficult to induce servants to remain with the family at any price, about the year 1857 his father proceeded to erect, for his special occupation, an additional wing to the premises; and, upon the completion thereof, his father having prohibited and prevented him from continuing to eat in the kitchen, his meals were, thereafter, usually served up to him in his bed-chamber.

He did not often associate with other members of the family, seeming most of the time to be morose and desponding, going about the house partially clothed in an imperfectly buttoned shirt and pantaloons, and often without boots or shoes, thus having a very unpresentable appearance.

His bed-chamber was usually in a very filthy and confused condition: old moth-eaten, cast-off garments, empty, and filled bottles, cans, jars, packages, vials of patent medicines, drugs, segar-ashes, boxes, trunks, bundles of newspapers, and sundry parcels and chamber-vessels, as well as numerous other articles and utensils, being strewed upon the dirty floor. He was in the habit of soiling his bed-linen very much, in consequence of which servants often objected to washing it.

In rising and retiring to rest he was very irregular, sometimes rising before dawn, and frequently sleeping, or remaining in bed, until one o'clock in the afternoon, and sometimes during the whole day. He also frequently retired to his bed in the day; sometimes in the forenoon, and sometimes in the afternoon.

His conversations with other members of the family were seldom. He evinced singular distrust and hatred of his nearest relatives, and especially of his father, with whom I do not remember ever, at any time, to have heard him converse, otherwise than in an abusive, quarrelsome, or boisterous manner. His conversations, usually without much sense, or inconsequential, were mostly confined to the subjects of the family property; expressions of hatred towards his relations and especially his father; his disgust of that law relating to inheritance, which gives to the father the estate of an unmarried son dying intestate, and of the Legislature which enacted the law; his fears that his father would make a will, cutting him off; his desire for his father's death; remarks upon the servants; very vulgar and obscene expressions; and remarks concerning the state of his own health, about which he generally complained, continually alleging, however, that it was improving.

About every three weeks, and some times oftener, he would suddenly, and without apparent cause, become very angry, his rage being generally directed toward some member of the household, but usually his father. On these occasions his conduct was, usually, very violent, sometimes terminating by his breaking furniture, or other articles in the house, or deluging the kitchen-floor with slops or hot water, as hereinbefore stated. During one of these angry paroxysms, several years ago, he suddenly overturned the table at which the family were sitting at their evening meal, thereby breaking the table-lamp and crockery into fragments, as I was informed by his sister, and verily believe.

Again, about three years since, he suddenly ran into his father's library and seizing the table at which his father was taking breakfast, threw it across the room with so much violence as to break both the table and the crockery thereon, as I was informed by his said father, at the time, and verily believe. On another occasion, about four years since, he ran into the room where his father, his mother, myself and sons, were taking tea, seized his father's new hat, and thereupon, in our presence, instantly tore it into fragments. These exhibitions usually came without previous warning or apparent cause, and were of short duration, lasting from less than one minute to about five minutes.

From the period of my earliest acquaintance with him, he seemed to have conceived the most unnatural hatred of and antipathy toward his father, whom he did not visit in his last illness, and whose funeral he could not be induced to, and did not attend.

I have frequently heard him, in the lifetime of his father, express

the wish that his father was dead ; and I have also heard his father express the fear that his own life and that of other members of the family was in danger of personal violence from said son, and have heard his father express the belief that it would become necessary to take measures to have his said son placed under restraint.

I was informed, by his father and sister, that the mental alienation of said William, who was a student at Columbia College, did not manifest itself until he was about nineteen years of age ; when, according to information derived from his sister, it was remarked that his mind was becoming affected ; that subsequently his conduct became strange, and he wandered away from home, without his father's consent, going South and remaining for a considerable time ; that, on his return from the South, he studied for the law, in the office and under the direction of his father, who after several unsuccessful attempts to instruct, and render him useful in the business of his profession, finally, in despair, abandoned the undertaking, having become convinced that his mental condition was such as to render him wholly unfit for the transaction of its duties ; that, after thus giving up the attempt to pursue the law, he turned his attention to the study of medicine, for which he also proved himself to be equally incapable ; that, in or about the year 1845, his late brother, Gabriel Henry Winter, perceiving his apparent fondness for the study of medicine, and desirous he should do something for his support, purchased for him a small stock of drugs, and having placed the same in a small store, then owned by said Gabriel Henry, and procured a competent person to superintend it, established said William there, in the retail drug business ; but that, after about one month's trial, he was found to be wholly incompetent, and the business was therefore abandoned. I am not aware than any successful attempt was afterwards made to get him to do any thing in the way of business. I know, that after repeated attempts to aid him, his father finally became convinced that his mental infirmities were such as to render him incapable of any useful occupation, and unfit for the transaction of business.

At no period during my acquaintance with said William, did his father, to my knowledge or belief, intrust him with the transaction of any business whatever ; and his father often stated to him, as well as to others, that he was not capable of transacting business. His father often expressed the opinion that William was of unsound mind, treated him as such, and frequently stated that he did not intend leaving him any property he could call his own, for the alleged reason that he was not capable of taking proper care of it.

In a letter dated Feb. 15, 1859, written by said Gabriel, to his (said Gabriel's) sister, he makes the following statements concerning said William's mental condition and conduct at that time :

"William is very bad; exhibits decided symptoms of an unsound intellect. His conduct towards me is not only very abusive, but violent. I do not consider myself safe in the house with him;
* * * and Mrs. Winter and the servants advise me to keep away as much as possible. He says that I shall not come there. . .
GABRIEL WINTER."

In another letter, bearing date "Monday, April 23d, 1860," written and signed by said Gabriel Winter, he uses the following language concerning said William :

"With respect to my son, he has not, for some years, been of perfectly sound mind; is hypochondriac, flighty, tampers with his health, prescribes for himself, and will not have a physician. His nervous excitement is so great sometimes as to border very closely upon insanity. . . .
GABRIEL WINTER."

In another letter, under date Thursday, May 31st, 1860, written and signed by said Gabriel Winter, he makes use of the following concerning said William :

. . "Of my son's unsoundness of mind I have long been aware, and of the danger of his committing personal violence upon me. . .
GABRIEL WINTER."

* * * * *

Seventh. His conduct seems to evince monomania on the subject of music, and the purchase of musical instruments; and designing persons have availed themselves of their knowledge of his weakness in these respects to defraud him of money, by selling to him a considerable number of old, and as I believe, nearly worthless violins, at exorbitant prices. Although he is incapable of performing upon a violin, except in a very slight and imperfect manner, I have counted fourteen violins in his possession, and of which he claimed to be the owner.

Eighth. For many years past said William has been in the habit of consuming some of his time in writing in a peculiar manner, generally using for that purpose refuse-scrap of paper, old blank-books, and old cards, as also, to some extent, the doors and walls of his room. His manuscripts comprise short quotations, and also his own thoughts, and statements of his wrongs and grievances, real or imaginary. Much of his compositions, evincing but little continuity of ideas, containing incongruous juxtaposition of fragments, absurd comparisons, rapid transitions and unions of

discordant subjects, relations of imaginary events, very vulgar, obscene, and profane sentences and expressions, are interspersed with drawings of nude and singular figures and strange objects, the whole being jumbled together in disorder and confusion. The style of his penmanship is as remarkable as the matter, some of the words being written in letters more than two inches long, and others on the same line being of the usual size, as will more fully appear by some of his manuscripts, marked *Exhibit A, No. 1 to No. 40 inclusive*, hereto annexed.*

Ninth. Said William Winter, at an early period of his life, became addicted to the practice of the secret vice of onanism, and continued the same for many years, as I have been informed and verily believe, and as also appears by the evidence furnished by his own admissions and statements contained in manuscripts in his handwriting, marked *Exhibit A, Nos. 2, 5, 8, 14, 39, and 40*, and also by the extract marked *Exhibit B, No. 1*, hereto annexed.

Tenth. His manner when leaving the house was often peculiar; he would walk away from the door a few steps, and return, repeating this process several times in as many minutes, and each time trying the door, as if to ascertain whether the same be properly fastened, as will more fully appear by the manuscript paper, in his handwriting, marked *Exhibit A, No. 21*, and by an extract from other of his writings, marked *Exhibit B, No. 2*, hereto annexed.

Twelfth. His writings and conversation are, for the most part, inconsequential; and although he does not seem to possess proper reasoning powers, he has a degree of cunning. But his credulity and want of judgment are such as to render him incapable, to a great extent, of distinguishing what is probable from that which is improbable. He evinces fondness for low company, and his manners are eccentric, and often peculiarly childish. During my residence in ——, in the same house with him, I observed that while about the house he was of dirty habits with respect to his clothing and room, and manifested a propensity to express himself in hyperbolical and filthy language. He generally considered himself to be the especial victim of wrong and oppression. He was easily led astray, easily induced to believe the most absurd statements, yet usually obstinate and unwilling to be advised, except when the advice coincided with his own preconceived notions or appetites.

* Of these exhibits, which amount in print to nearly 200 octavo pages, we give a few extracts selected at random.

While he was thus residing with me, he was continually approached by ———, an attorney at law, who was a stranger to the family, but had, as I am informed and believe, made said William's acquaintance about the time of his father's death, and who had, since that time, induced said William to permit him to act as one of his attorneys, and counsel.

It soon became apparent that said ——— had obtained a great degree of influence and control over said William; and, on or about the 4th day of July, 1862, said William left my house, and went to reside, and has ever since continued to reside with the said ———, he, said ———, having, as I am informed and believe, given up his former lodgings over his office, where he slept prior to, and for several weeks after making said William's acquaintance, hired a house in this city, to which he removed said William's personal effects, and in which house he has undertaken house-keeping for the express purpose, as I verily believe, of thus getting said William to live with him. Said William has recently informed me that said ——— had obtained an agreement from him, whereby he was to pay him, (———,) fifteen hundred and twenty dollars a year, namely, one thousand dollars for counsel, and five hundred and twenty dollars for board.

Said William has stated to me, and I believe such to be the fact, that he had never known or seen said ——— until after his father's death, on the 27th of February, 1862. On the 22d July, 1862, in giving testimony before his Honor Judge Alker, of the Marine Court, in an action between John Henry Wright, plaintiff, and said William Winter, defendant, being asked, on cross-examination, how he became acquainted with ———, said William testified as follows:

"I became acquainted with ——— by a God-send: it was through a heavenly source, and came down from above. He is a true friend, and I hope I shall find other like friends."

Sixteenth. On the 17th day of March, 1862, upon my application, an order was made, by this Court, at a special term thereof, at the City Hall, in the city of Brooklyn, in King's County, said William then being a resident of the county of ———, in such district, that a commission *de lunatico inquirendo* should issue against said William; and on the 26th day of the same month such commission was thereupon issued, directed to ———. A jury was thereupon summoned, by virtue of such commission, for the 31st day of March, 1862, on which day the said commissioners, said Winter, and ———, his counsel, met, and without swearing any

jury or taking any other proceeding, than naming a committee, consisting of ———, medical experts, to inspect the said William Winter, and examine him, as to his mental condition, by the consent of the parties, adjourned to the 7th of April, 1862. The said physicians thereupon inspected and examined said William; but, on the 5th of April, 1862, and before they had concluded their investigation, I signed a stipulation with said ———, that such proceeding should be discontinued; and on the 7th of April, 1862, and before said physicians had made their report, upon the consent of both parties to such proceeding, an order was duly made and entered, by this Court, at a special term thereof, held for the second judicial district, at Brooklyn aforesaid, that the said order of March 17th, 1862, should be, and the same was, thereby vacated, the said commission superseded and all proceedings thereunder discontinued.

Seventeenth. For more than twenty years last past, his mind has been, and now is, in a condition of legal unsoundness, as I verily believe, and as will more fully appear by the exhibits hereto annexed; I verily believe that he is incapable of governing himself or managing his affairs; that he is wholly unfit to manage property or protect his own interests; that if left to the management of himself and his affairs, he will become the victim of fraud or folly, whereby his estate will be wasted or squandered, or he will, in some fraudulent manner, be deprived thereof.

EXHIBIT A.

[*Being Manuscript in the Handwriting of William Winter.*]

No. 1.

Enamoured Spiritualist. "Who will show us any Good.???"
Ans. 'My Kingdom is not of this world!'—*Christ.* 'A Tale just one that memory keeps For golden music—'till some 'chance' Vibrate the chord whereon it sleeps.' The Withering Curse. *N. P. Willis.* 'Curse God and Die.' *Job.*

At the age of Fourty four, four months, and seventeen days, I resided with my Parents in the Village, and kept constant company at *Hicks'* 'Pavilion.' Being in a 'Psychologic state' from ill health arising from Acrazy of the Brain or Dementia. 1 "who shall show us any Good? "He shall enter into his House! page 2 "Without our shame; within our consciences—Angels and grace—eternal hopes and fears. Yet all these fences and their


whole array One cunning Bosom—Sin blows quite away,” on *Title=page* of ‘E. S.’ *George Herbert*. Fell into the ‘Turba’ of Death: June 23, 1849.

“There is a Divinity that shapes our Ends Rough=hew them as we will.” K. “When he that is guilty most thinks him secure Heaven’s vengeance against him is nearly mature.” : ‘the understanding (or “Reason”) only perceives facts and draws inferences—this induction is completed *and* after it experiences no tendency to *Adore* the God whom it has *discovered*.” Combe on ‘*Veneration*.’

EXHIBIT A.

[*Being Manuscript in the Handwriting of William Winter.*]

No. 4.

G. The Almighty—there’s not much to love about him—and if he wants us to Fear (!) he’s a Fiend. The Almighty himself is Two=faced to wit—the Fire Hidden by Light Spirits —|— Between two Fires. “Those that “Use” y Sword Shall Die by the Sword. Friendship. Love & Hate are Stimulants of Life. God—as a Ruler—is a Disgrace to Himself. Ed. Eglee. ‘Why havn’t you been over our way?’ *Winter*. ‘oh, it was an accident’ (!) *Ed. E*. ‘I hope you won’t Die by an ‘*Accident*’! ‘Why?’ Because I want you to die a natural Death. and ink. *Edward Eglee*. (and not ‘out of Common = course’): ‘Turba takes it—and makes a figure of it!’ does Behmen say so. K. and in the very same conversation spoke of *mine* being an ‘unnatural Father’! (such a man as that is! Burling P. Wright, &c) and also in the very same conversation made use of the words ‘*we’re never satisfied!!!*’ “Search the Scriptures.” : “The Spirits searches thro’ all things: even y *Deep* things of God.” Spiritual == Raps” *St Paul*. A “God is the great—out=worker who by his works—shows his attributes” Revd. Dr. Bethune “on Works & Labor.” N. Y. Tribune of Jan. 19 | 54. 9. “For we shall here describe a very earnest matter: —viz. (Duality of God): : “*Be not deceived, God is not mocked*”: he has in his Power *Heaven & Hell* (“order” and dis“ order”) or *Harmonious Dischor*. ‘Particular Hell!’: 23. Behmen. Ques. 30 on tomb=stone: nail in Sure place “or Goad (God)  : For from the History of the (of the Bible none should take upon him to Λ be a master (or call himself a knower of the Essence of God—but from the Holy=Ghost (which appeareth in *another Principle*: viz., in the Third: for none can find


God,, without the Holy Ghost: Behmen's Works. p. 7. call Bible : "I never could get the—sense o' that " (viz: the ' Harmonious Dischord)" Harry Vale. Harry French Little Cat=killer at Howards. "Salus Populi Supremalex." We—The people—will put Hell to any man that does not come up to the chalk=line of Duty (to his father)  There was a whole 'Posse' of them!' Squire Willets 'I'll set the Hounds on to you! B. A.

EXHIBIT A.

[*Being Manuscript in the Handwriting of William Winter.*]

No. 5.

'A victim of Sensuality and Paralysis of mind the following morning I remained late in bed: the following reflections there came across my mind, to wit, that 'The Sensual life has always proved to be a blind delusion and a bitter disappointment. Its realizations are widely different from its flattering promises, &c. 82. A victim of *Sensuality* and consequent *Paralysis* of Brain *Mind*, the following morning I remained late in bed. Biondetta, you know not what you are about, '*in the day that you eat of my body I shalt surely die!*' *Genesis* 166. A victim of "disguised selfishness" it laid me open defenceless to my enemy, who abused his power and made *Errata*, for Paralysis of Mind—but Paralysis of Brain—see above.

When our repast was ended, they proposed taking a walk towards y Ruins of Gehenna. We immediately set off 'Arrived. 56 He was sitting on the side of his bath, placidly gazing in a mirror, whether or no it was y '*Mirror of the Graces*' we are at present utterly unable to determine. You had evoked the adversary of souls, and supplied him by a long series of indiscretions. I had no sooner spoken the word than the Earth opened just outside the circle and swallowed the dog; and from the chasm thereof issued a sulphurous flame, which though more 'blue' in its tint, yet rivalled in majesty the rays of the noon=day sun. The earth closed the flame was extinguished, when, as soon as my eyes had recovered their vision, I beheld a woman in the place the dog had just occupied. might ennoble my essence: with inward pain my heart=strings sound, I groan with fiendish spite Horror and fear beset me round 223 Among the — Shades of Night how could I hesitate long. to adopt those measures by which I might ennoble my Essence and become another Principle.

When I had ended my story, he collected himself a little and said: ‘*Your Guilt is all your own*; you had evoked the Destroying Angel throughout the whole course of your life, and supplied the Prince of Darkness—by a long series of indiscretions—but more particularly that of Portici—with the various disguises that might.

Shortly after the discontinuance of the proceedings under the above Commission *de Lunatico* in April, 1862, Winter went to reside with his self-appointed guardian, the lawyer heretofore alluded to; and having received moneys from time to time from his father’s estate, evidently disposed of it for the benefit of others more than himself. From April, 1862, to January, 1863, a period of nine months, he received \$2,150, of which he gave the following account:

| | |
|---|---------|
| Expended at his home, (for what not stated,) - - | \$283 |
| Paid on account of law proceeding, (meaning the Commission <i>de Lunatico</i> , which it will be remembered never sat nor came to a trial,) - - - | \$375 |
| • Paid Mr. ———’s allowance (his counsel,) - - | 500 |
| Purchase of family articles at auction, - - - | 104 |
| Outlay for <i>iron safe</i> , and other articles, - - - | 300 |
| Personal expenses, - - - - - | 200 |
| Board, - - - - - | 260 |
| | <hr/> |
| | \$2,022 |
| I owe ———, (mentioning four lawyers by name, and others,) - - - - - | \$500 |

Recalling the fact that this man had voluntarily lived on the same plane as his father’s servants, or even lower, so far as dress or wages were concerned; that no change in his habits occurred from April to December, 1862; that he was a bachelor, and boarding at as cheap a rate as a mechanic, and that no legal proceedings occurred during that time to which he was a party, except the Commission *de Lunatico*, which Commission, issued on

the 19th of March and discontinued April 7th, never came to a final hearing—recalling these things, it will be seen that the expenditures in superfluous fees to counsel, the first one of whom was immensely overpaid, and the four others, unnecessary in every sense—all exhibited an utter ignorance of his real condition; an incapacity to use money prudently, or to protect himself against imposition and undue influence; and lastly, mental weakness in submitting himself and his property to the dictation of an unprincipled lawyer.

In view of these circumstances, a second Commission *de Lunatico* was issued upon the petition of his relatives in January, 1863, and upon the trial of the issue therein raised, all the allegations set forth in the affidavit hereinbefore quoted were verified and corroborated by a large number of witnesses who had personally known Winter for many years. It is here that the chief interest in the case centres so far as the testimony of experts is concerned, and it is here also that the question will naturally suggest itself whether a Commission in Lunacy, without a single psychological expert upon it, deserves to be considered in law as a competent tribunal.

The composition of every court is always understood to be related to the nature of the subject matters with which it deals. Wherever these matters greatly differ in their essential character it has been found not only expedient but necessary to create correspondingly different courts to adjudicate upon them. Hence, the origin of separate tribunals with separate jurisdictions; hence, the origin of Courts of Common Law, of Equity and of Admiralty; courts with and courts without juries, Courts of Nisi Prius and Courts of Appeal. As a rule of practice based upon the necessities of qualification, and universally recognized as most equitable to all

parties in interest, the same judge never presides in two courts of essentially different jurisdiction. The wisdom of this course is too obvious to require comment, and the rule is in itself the best test of a high civilization.

In the course of a trial counsel are often called upon to demur to the jurisdiction of a court. This plea will always be listened to if offered at a proper time. But courts are not equally ready to have their composition questioned, because it is an undoubted reflection upon their competency or impartiality, and the point in consequence is seldom raised.

Nevertheless the fact remains patent, that in a special tribunal created to try a special issue like insanity, some degree of special acquaintance with that issue should be represented in the composition of the court. It is not like an ordinary *Nisi Prius* trial, where insanity is introduced as an interlocutory plea, whose validity is to affect the general issue. There the question must be adjudged according to the rules of the forum in which it is raised. For it is part of a system of pleading, though subordinate always to the main question under discussion. The court therefore must decide it *in situ*, and under the best light it can obtain from experts summoned for that purpose. It is different however with Commissions of Lunacy. They are tribunals created for a specific purpose, and for no other. They have no discretionary powers outside of the field of their appointed duties, and those duties are purely inquisitorial. Hence, they differ legally as much from any other tribunals as these do among themselves; and though derivative in character, and their judgments without legal value until affirmed by a superior court, they are still entitled to be constituted with some relation to the subject matters coming before them.

It should not therefore require any argument to

show that, upon the simplest principles of analogy and justice, a Commission of Lunacy can never be a *competent* tribunal to try such an issue where one or more experts are not members of the court. Nor can we see how the presence of a jury adds aught to the competency of the tribunal, or the illumination of its investigations. Certainly, the summoning of experts is a virtual confession of the want of light by some one, and inasmuch as the jury are to be the final triers of the issue, it is plain that it is more on their account than that of the Commissioners that experts are called. In other words, in enlarging the court, we have diminished its competency. The conclusion which follows is inevitable. If a judge can sit in equity without a jury, and administer justice impartially, simply because he is both competent and honest, by parity of reason a Commission of Lunacy properly constituted can as justly, in the same way, determine an issue of insanity. Numbers by themselves can add nothing to the competency of a tribunal, where one branch of it is notoriously below the level of the other in judicial capacity. Nor, because insanity is an issue of fact can a jury of laymen decide it better than expert commissioners, or, even be of any assistance to the latter in helping them to a conclusion. It is always seen that experts have to be summoned for the purpose of illuminating the minds of the jury, because, although the latter are judges of the facts, they are not able to pass upon them until they have first first been taught how to read and interpret their value. The competency of a lay jury to decide an issue of insanity is thus shown to owe its origin solely to the agency of experts. In the presence of these facts, we are forced to the conclusion that the introduction of a jury into an Inquisition of Lunacy is superfluous, and more of a hindrance than a help to the discovery of truth.

It is generally thought, upon a superficial view of the elements out of which a Commission of Lunacy should be formed, that, by placing *a* physician upon it, the medical qualification of the court is sufficiently secured. But *any* physician is not qualified, *virtute officii*, to supply the court with that measure of light upon the subject of insanity which it needs in forming its deliberations. The fact that the Commissioners may summon to their aid experts is not sufficient, either, in itself to supplement this deficiency of special knowledge in the court. Its judgment, as a rational exposition of the relations of allegations to proofs in the determination of an issue of insanity, can only be properly pronounced by those who are professionally habituated to inquiries of this kind. The law of truth springing from contraries is nowhere more signally exhibited than in investigations of this class, and as between a non-expert physician and a lawyer sitting to examine witnesses, the lawyer would have the superior advantage in eliciting facts, even though at the same time, neither he, nor the ordinary physician could set their proper value upon such facts, or apply them with the greatest scientific accuracy to solving problems compounded of physical, mental and moral manifestations. Both would simply be in the condition of Milton's angels, who

“reasoned high,
Of Providence, foreknowledge, will and fate,
Fix'd fate, free-will, foreknowledge absolute,
And found no end, in wandering mazes lost.”

Winter's case was tried with extreme care and fairness. The issue was too plain *in presenti* to afford much ground for special pleading. A score of ordinary witnesses substantiated the allegations set forth in the affidavit heretofore quoted by us, and the numerous

volumes of distempered and incoherent compositions in Winter's own handwriting, dating back a score of years, were an unanswerable proof of mental weakness, such as has no necessary connection with simple eccentricity. The point to be decided was one relating, not to his present, so much as to his future capacity. It was a point which rested upon past and present facts, and which, assuming the laws of nature to be immutable, was, *ex hypothesi*, demonstrable by the experience of experts in this, their habitual and therefore legitimate field of inquiry. The circumstantial proofs sustained the allegations of the petitioners, and the experts not only expressed their opinions corroboratory of these statements, but in giving their opinion of future capacity were sustained by legal presumptions as well as by their special experience.

Divested of all adventitious coloring, the issue was simply this, "*Whether a man who, for thirty years had shown all those traits of character which belong to imbecility, and had shown no other, was competent to take personal charge of a large estate, having never had any experience whatever in business, nor been accustomed to handle any but the smallest sums of money?*" Of course this was, in the eyes of laymen, a pure question of foreknowledge bordering upon prophecy, and the experts introduced by the petitioners labored under the disadvantage of being compelled to assume that, which they could not bring proofs absolute to support. In every ordinary proposition, something is always omitted, because understood to be generally conceded. Every conclusion of judgment, implies antecedent though latent premises. As for instance, if we say "the sun will rise to-morrow at six," it is understood that we mean, "provided always the economy of nature continues as in the past." This is not prophecy, but logical inference, susceptible of demonstration.

From the very first it was seen that the difficulty of establishing the fact of future incompetency would arise from two causes, viz., first, the inability to prove acts of wanton extravagance in the past, and second from that delusive creed of the multitude, that no one knows what will occur in the future. Between these two horns of the dilemma the petitioners were compelled to take their position. On the first point indeed they could adduce some proof, as for instance the many violins purchased, and the unnecessary employment of counsel. But to both these allegations a rejoinder might be, and was made to the effect that the former argued simple eccentricity through love of music; the latter might be due as much to the wishes of counsel asking for assistance, as to the weakness of mind of the defendant. In any event the point was not considered pivotal, nor one determining anything in relation to his future conduct. Seven physicians examined on behalf of the petitioners, agreed substantially in their diagnosis of imbecility, and several among them, well recognized as experts in insanity, unhesitatingly pronounced that it was unsafe to entrust a mind as weak as Winter's with the charge of a large estate. Judging by analogy from the case of a child, whom all would agree was not competent to handle large sums of money, however sane he might otherwise be, we should say that this opinion of experts relating to a man of fifty, with a mind never advanced beyond that of childhood, was an opinion resting as much upon common sense as upon scientific skill and circumstantial evidence. To all men who are willing to see, this judgment seemed inevitable from the premises. It was the only one which could be logically defended under the light of positive demonstration. The problem as stated to the jury upon uncontradicted evidence was simply this: Given a man proved to have

continued an imbecile for thirty years, and what is the inference as to his future capacity to manage a large estate?

To be sure it would have seemed like arrogant presumption in the experts to aver that they *knew* his future incapacity. They did not undertake however to speak as prophets nor absolutely in relation to the certainty of this fact, but simply as to their *belief* in the premises, for they spoke only as men of science, and science does certainly possess the faculty of prevision. If science be worth anything it is precisely for the revelation it makes to us of fundamental laws, under whose government the world of matter exists. Nor, because of our inability to trace the operations of the mind, are we authorized to infer that it is above the reach of analogical laws specially adapted to its own character. The acceptance of this proposition as a necessity flowing out of our moral freedom would force us at once into a domain of chaos, where education becomes an absurdity, and all is left to chance or miracles.

It is unquestionably true that we can legally prove little or nothing relating to the causes of mental manifestations. Remembering this embarrassment in matters belonging to the present, it would seem to follow that the perplexities of the problem must increase with the length of the perspective. But in reality this is not so. For, we can as little infer what *will* happen a minute hence as a century hence; and contrariwise, what *should* happen under a recognized system of laws an hour hence, should, under similar circumstances, happen a century hence. All that is necessary to prove is established and immutable laws, whence must flow the corollary of similar effects from similar causes. The weakness of Winter's mind was proved, and although there was some quibbling over the term imbecility as applied

to its condition, it remained an uncontradicted fact that he had made a foolish and injudicious use of the little money received by him, which fact when taken in connection with the state of mind in which he had been for thirty years, justified the experts in asserting their belief in his future incapacity to handle large sums of money.

To all these propositions the defence argued speciously that what seemed weakness of mind in money matters was nothing more than any man might exhibit, who, never having had any experience in financial operations, begins his acquaintance with them by committing errors. When the best financiers in Wall Street, with the ripe experience of a life time before them, occasionally missed their mark and were ruined, was it to be wondered at, or unexpected, that a novice should err in his first use of money? And after all how did men ever acquire prudence except by the experience of loss? To argue that a man was unfit to control a large estate because he had never previously done so, was to say that no man should ever be allowed to acquire more means than he had: that he should never undertake what he had never before done, and finally, that we must all stand still until we had first learned to walk.

In reference to the opinion of the experts, other physicians were called to show that they did not consider the respondent absolutely incompetent to transact business. They thought him an eccentric and weak man, but they had seen others as weak as he transact business, and they could not pronounce him less competent to manage a large estate than any similarly inexperienced person. Under this light counsel argued that it was impossible to foreknow what a man would, or would not do, under varying circumstances; and as every one was entitled to do with his own what-

ever he pleased, so long as no one was injured thereby, the respondent was at least entitled to a trial, and if found squandering his property and unable to manage it, then it would be time enough to restrain him in its control. The jury were also told that experts can only interpret the present and actual, but never the future and potential. That in these latter respects they are on a footing with other men, and their opinions of no greater consequence. How, for instance, could any man foreknow how another would act under circumstances not yet in existence? And if we could only judge of the future from the past, how could it be said that a man not only was, but was to be incompetent in the future who had never been tested in the present? If Winter had never managed a large estate, how could any one know that he was not competent now, or would not be in time? His previous life was treated simply as that of an eccentric man whose pride had been wounded by an unkind and parsimonious father, and who had acquiesced from necessity in the position of dependence and social inferiority occupied by him.

These points, founded in sophistry, yet appealing to popularly accepted ideas of the legitimate range of human knowledge, produced their desired effect upon the minds of the jury. Prognosis to laymen is simply absurd, if not unintelligible. They believe, indeed, that, somehow or other, by figures mixed with guesswork, an astronomer foretells an eclipse, because every year affords recorded proof of this fact. But when it comes to human conduct, there is a superstitious haze surrounding incentives, causes of action and powers of self-control, which, with the multitude serves to obscure the intellectual vision, and the man who undertakes to pierce through these mental cobwebs and apply systematic laws to the government of this interior realm, is

considered to be somewhere between a fool and an atheist. Yet the wonders of transmutation daily effected by modern chemistry so far transcend the wildest dreams of mediæval experimenters that this age, rather than theirs deserves to be called the age of romance, as well as the age of positivism and law. The inquisition which condemned Galileo would have made an *auto da fe* of Sir Humphrey Davy, Faraday or Morse. A man who could convert a dung-heap into the most fragrant extracts for the toilet; or obtain from sooty coal-tar the most brilliant and variegated colors; or make a messenger-boy of the lightning, would, in the early colonial days of our own country, have been punished as a sorcerer.

It is true that the triumphs achieved by physiological medicine within the same time, may not have been as glittering to the eye, or as exciting to the imagination as those accomplished by chemistry, but they have been so magnificent of their kind, as shown in the greater number of recoveries, and the general amelioration of all the conditions of the insane, that the treatment of insanity to-day is, in the largest proportion of acute cases, one which give as logical foundations for forming a correct prognosis, as in most bodily diseases. In fact the rules of recovery as between acute and chronic cases are found to be analogous to those regulating other diseases. These laws are familiar to experts. They cannot be known of course to the world at large. When all these facts are taken into consideration, no one will be surprised that a jury of laymen placed between the difficulties of intricate scientific problems, and the incapacity of those frequently undertaking to expound them, should, at times find themselves led into realms of mystification where all the roads seem to cross each other, and all the guide-boards speak in a foreign tongue.

As has been doubtless anticipated, the jury found for the respondent's competency. In doing this they imagined themselves protecting an innocent man against the cupidity of relatives. The sequel shortly proved that their verdict placed this unfortunate imbecile not only pecuniarily in the power of those who surrounded him, but that even his person was subjected to restraint and sequestration by them. A few brief lines will suffice to complete this dismal epic. Soon after the defeat of the Commission de Lunatico, Winter executed a deed of trust to an imprincipled lawyer, who thereupon took charge of his property. He himself disappeared from public view, and once or twice in the interval of several years was seen clad in his usual slovenly way, and exhibiting the same traits of incurable imbecility.

Meanwhile his trustee giving evidence of a wealth somewhat rapidly accumulated, some two years ago proceedings were sought to be instituted against him in Equity, by Winter's relatives, for the statement of an account, and on attempting to make service of papers upon the *cestui que trust*, and to have him unite in the proceedings, his *locus in quo* could not, after many months of fruitless search, be ascertained. There is no doubt that he was kept concealed either voluntarily, by being told that another commission was impending, or perhaps involuntarily, and through coercion, without sanction of law. This virtual restraint of his person has continued for several years, and may, for aught that we know, still continue. This is not the place to inquire what remedy exists in our jurisprudence for such a wrong. Under the general maxim, *Ubi jus ibi remedium* there doubtless is one. But he to whom this remedy primarily belongs, either cannot, or will not move in the premises, and in order to invoke the in

tervention of a court of equity, wrongful acts must be shown, which it may be difficult to prove absolutely, balancing as they do between *torts* and *breaches of trust*.

Our motive in commenting upon this most instructive case was mainly to show that the value and precision of skilled testimony is generally underrated because not understood. We have endeavored to show the foundations upon which it rests, and the causes which render it less fallible than ordinary testimony. Nor do we think the differences of opinion occasionally occurring between alleged experts any refutation of our doctrine. There are, and can be, no true oppositions in science. The Apostle Paul properly stigmatized such ideas as errors, because "falsely so-called." It must be remembered also that many men are called experts *ex comitate*, who are not so in fact when critically examined. We cannot tell from a man's opinions what his competency is, until we examine the evidence upon which those opinions are formed. Sir Matthew Hale writing the history of the Common Law, is a different man, mentally, from Sir Matthew Hale presiding at the trial of witches. In both instances he judged from circumstantial evidence, but in the one he saw its import clearly, in the other darkly and as through a glass.

All men are not equally trained in the art of sifting evidence, and until the law of antinomies be mastered, how few there are who acquire experimental knowledge of the fact that truth springs from contraries. Without this experimental test any man can find refutation at the end of every universal proposition; for when modal conditions are excluded from particular instances, the point is soon reached where affirmation and negation meet. This is the quicksand in which experts sink who attempt to justify their opinions to others by too much amplification of application. They lose themselves midway of

similarity and identity, and being thus readily confuted in their conclusions, the idea arises of a practical disagreement between them, when in fact it is only a difference in the angle of vision under which the subject is viewed.

To obviate this tendency, which springs from the dialectic necessities of an oral examination, let the interrogatories be propounded in writing, and agreed upon between the parties as in commissions to take testimony, and we feel sure that differences *toto cælo* between experts will become in future so rare as to be considered exceptional, instead of usual. It is more often counsel that force experts to disagree than any virtual difference of opinion between them. When, therefore, the expert is allowed that freedom of mental action in which no conclusions are forced upon him by premises of another's selection, but only by those of his own, then he will cease to be treated as a party witness, and stand where he belongs as an *amicus curiae*, whose opinion is in itself a judgment to guide as well as to inform the court.

CHEMICAL EXPERTS.

We cannot bring this discussion to a close without anticipating the refutation which may be offered by the citation of disagreements between a class of experts, whose labors are performed in the field of molecular physics. We allude now to chemical experts, particularly when engaged in making qualitative analyses. But the fact of a disagreement does not necessarily imply a positive contradiction, nor is it unsusceptible of explanation, or even reconciliation, with the theory under discussion. Chemistry *per se* is one of the most precise of sciences, being in fact a branch of positive mathematics. Her results can be expressed in written

formulae, having definite numbers representing ratios of equivalent combination. No error can occur in her laws, because nature never contradicts herself. The disagreements of experts can only arise from want of skill in laboratory manipulations or dishonesty. With the latter, as a purely moral question, we have nothing to do, since it is beyond the purview of our inquiry. As to the former, it is sufficient to say that, no man can be considered a chemical expert who is not a proficient in laboratory manipulations. The presumption of this proficiency must be sought for in general reputation no less than habitual occupation. If a man be truly an expert and honest, then the charge of paucity of tests, or inferiority of instruments employed in a given research, can never be laid at his door, because of the necessary number of the former, or quality of the latter he must ever remain an acknowledged and competent judge.

Again, when it comes to the question of whether all possible means of discovery in analysis have been exhausted, it may be said that whatever is universally regarded as a characteristic test is as absolute proof in itself, as though that one test had been multiplied into fifty others; and while, relatively to the importance of a subject like the search for a poison in a case of homicide, it is eminently proper that an expert should duplicate and triplicate his proofs, he should not be compelled to go beyond a reasonable point even in this particular. Cumulative evidence indefinitely collected gathers no additional value from the fact of its extent. The fall of one apple proves the law of gravitation just as indubitably as a shower of meteorites. Where, therefore, an expert of unquestionable skill finds a substance by two or more characteristic tests, it is not a disagreement in fact, if another expert could not find it short of

ten or twenty, and would not have been able to recognize it through the fewer tests employed by the first experimenter. For, if an indestructible substance exists in combination with any given body, there is a greater presumption that a chemical expert will be able to discover it, than that he will not; and if no such substance be there present, there is a greater presumption of his discovering this fact, than there is of his producing such a substance in the course of his manipulations, and mistaking it for an original constituent of the body under examination. These presumptions flow from that law of disjunctive judgments, in which, to quote the very terse words of Sir William Hamilton, "a plurality of judgments are contained, and which stand in such a reciprocal relation, that the affirmation of one is the denial of the other."*

HOSPITAL AND COTTAGE SYSTEMS FOR THE CARE OF THE INSANE.

The proper accommodation of the insane in a large way must be a subject of continual interest, so long as perfection is unattained, and is yet supposed to be attainable. The charitable bent of legislation, all over the civilized world, and particularly in this country, which is expanding its borders and populating them with marvelous facility, and the more enlightened views which are daily illuminating the subject of insanity and its treatment, combine to add importance to discussion and value to experience.

From the solitary and abject state of ordinary domestic seclusion, to the organized and thoroughly considered arrangements of a government asylum, is a long

* Lectures on Logic, vol. 1, p. 84. London edition, 1860.

leap, which leaves midway other designs and contrivances of various degrees of merit, having their respective advocates and critics, as well as their respective advantages and objections. The proximate practicable point of perfection seems to be an establishment, under official authority and discipline, in which system and economy shall govern expense; high professional skill and experience shall direct classification and treatment; suitable regimen of diet and medicine shall restore health or soothe disease; and exercise, fresh air, regulated labor, and pleasant recreations, quiet or active, shall be constant ministrants and aids to ease and amuse the necessary confinement, and contribute to that restoration which usually attends the early and thorough application of proper methods of relief and cure.

Even such establishments, capable as they doubtless are of suitable provision for large numbers, have a limit to their capacity, which practical and sufficient experience shows ought never to be exceeded; and within which they are probably as efficient for their purpose as any system that has ever been devised. It has been shown that with good management, intelligent supervision, and due classification and arrangement, five or six hundred patients may well be under one superintendence or control; and that more than such a number is too burthensome for the energies and devotion of any man, especially for any such man as ought conscientiously to be intrusted with so grave and exacting a responsibility, involving not only mental labor and anxiety, but great physical activity. With such a field of observation, he ought, however, to be able to command sufficient leisure to record and digest his experience, and to give his profession and the public the benefit of it; instead of being confined so exclusively to his daily routine as to sacrifice such an important fruit of his labors.

Conceding, therefore, as experience requires us to do, the feasibility of such comprehensive undertakings, and the necessity of their being under the civil authority, and mainly supported by its munificence, a question still remains as to the best mode of effecting their practical purpose; what sites, what structures, what internal arrangements of them; what classification and distribution of inmates; what conveniences for warmth, for ventilation, for bathing, for diet, for vesture, for attendance, for exercise, and for recreation; shall be provided and maintained for the most perfect fulfillment of their grand object.

It is not our design to occupy the whole of this broad field, which has been more or less thoroughly run over for a quarter of a century; but to consider principally the comparative merits of two or three different plans of structures adapted to the accommodation and treatment of the insane, with regard to the economy and convenience of plan, the safety, welfare, and recovery of patients, and the comparative expense of supporting and maintaining them.

When we get beyond the simple household treatment and care of the insane, which from various motives is still adhered to by some, we must resort either to strictly private retreats of a sanitary character; or to work-houses or alms-houses which are local and limited in their purpose; or to colonies of the cottage or hamlet plan; or to such hospitals as are now usually provided for a more general accommodation of all classes of patients, rich and poor, chronic and acute.

Respecting the private isolated treatment of the insane, whether at home or in lodgings, that we think may be summarily disposed of in the earnest words of the late Dr. Conolly: "Insanity is a great leveler; but in all my professional observations, I have scarcely ever

met, in any class of society, with patients so deplorably situated, as in these detached or isolated residences for the reception of single patients whose property gave them the unhappy privilege of being secluded in them;" a conclusion which he amply justifies in a forcible paper on *Residences for the Insane*, communicated to the Association for the Promotion of Social Science. [*Jour. of Mental Science*, vol. iv. 411.—1859.]

In classifying patients, there has been a strong disposition to segregate and make a distinct separate provision for chronic cases: the demented and the irrecoverable, or those suspected to be so. Gheel is a Belgian hamlet devoted to the care of such cases, and the general sense of the medical profession seems to condemn it. Indeed, Gheel is unique; a warning, rather than an example. It had no historical predecessor; and has had no competitor, nor imitator for a thousand years. It has answered a purpose for chronic cases amongst a people unwilling of change even by way of improvement, and remarkable for great simplicity of manners and habits of life. It is a cemetery of the living, where from infancy to old age, generation after generation has vegetated and dozed in a hopeless and unambitious monotony, with no other gift or aspiration except to feed, lodge, and care for imbecility, idiocy, and senility. The various attempts which have been made to combine that sort of treatment with modern modes do not warrant repetitions of such experiments. We shall record presently what Dr. Tuke has to say in respect to the Scotch system, somewhat akin to it.

Poverty of circumstances seems to exclude chronic or irrecoverable cases from private retreats, which however commodious and serviceable they may prove to those who can command their comforts and luxuries, necessarily shut their lucrative gates against the indigent.

Those common resorts of needy patients, the almshouses and work-houses, are so noted as mere receptacles of wretched and friendless penury, and for neglected or abusive discipline, that humanity shudders at the necessity of placing a fellow creature, however insensible or demented, in the care of such debased and ignominious charities. Segregation, therefore, on any such plans or modes, is getting to be reputed as unworthy of the countenance of a profession which has reasonable cause to pride itself on its sympathies with every thing humane and considerate of infirmity and helplessness.

As an escape from these, and as a relief from the crowding and overflowing both of these and of establishments of a better grade, resort has been sometimes made to a provision for hopeless and chronic cases as lodgers, singly or in small groups, in hamlets or detached abodes adjacent to asylums and hospitals; and what was at first simply a matter of necessity or mere convenience, has grown into a question of choice and preference; so that it is seriously debated whether cottages are not better than hospitals, or whether some hybridous combination of the two may not be better than either; and experiments have been made, and are making, in that direction. In this country it is an experiment against the unanimous judgment of that respectable array of experts who compose the Association of Medical Superintendents of American Institutions for the Insane, who after earnest debate resolved against separate provision for the curable and incurable, at the same time that they resolved that it is the duty of every State to make ample and suitable provision for all its insane.

There is something attractive and romantic about cottages and cottage life. We associate with them domestic love, roses, woodbine, and luxuriant ivy running

over thatched roofs; larks and nightingales; lowing cows, bleating lambs, and browsing goats; early cocks, prolific hens, fresh eggs; neat-handed Phyllises, rosy milkmaids, sighing swains; and all sorts of pastoral delights sung by poets of dubious sanity, and better adapted to love than to lunacy. The poetry is admirable, when it does not pall; but the reality is apt to be very rugged prose. An insane person, chronic or pauper, is probably more sensitive to the creature comforts of life than to all its embellishments; prefers nutritive diet, good attendance, kind care, and social sights and sounds, to all the roses and woodbines that may adorn any rude, lonely hovel that fancy exalts into a delightful cottage because of such outward show, without thinking of its scanty room, its smothering roofs, and its petty windows obscured by leaves and thronged by noisome bugs and mordacious insects. Dr. Tuke will tell us presently what the Scottish cottages are; almost as bad as our poor-houses, and a little worse than Chancery to put one's fellow-creatures into.

Such cottages and cottage life however, as Dr. Tuke describes, are not what we in this country propose to imitate. They may do for Belgian and Scotch lunatics and imbeciles in a chronic state; but a Yankee, in any state of mind, demands different treatment. Indeed, he knows no more about cottages proper,—the real rustic sort,—than he does about an Established Church. His residence has been in every thing habitable from a log cabin to the Astor House, excepting a cottage; and that he looks upon as a fanciful bit of architecture, known only in pastoral poetry and novels, and once or twice slightly mentioned in Scripture. He prefers shingles to thatch, two or three stories to one story, a forest to a paddock, a mountain to a hill, a cataract to a ripple, a big hospital to a cramped cell. He is not of Cowley's

mind to "prefer littleness in every thing," but is rather a Brobdignag and prefers bigness in every thing. He is a cenobite rather than an anchorite. What he calls cottages are not little dwellings for moderate or poor people to live in: they are the princely country residences of the rich scattered along the beaches at Newport and Long Branch, or surrounding the great hotels at Saratoga, habitable only in summer and fair weather; and however crazy he may think the people are who transiently live in them, he does not recognize their cottages as adapted to the other sort of crazy, and would hardly adopt those celebrated watering places for permanent Gheels.

In this country, moreover, we have no pauperism outside of the cities and large towns, which supply only the smaller part of the inmates of insane asylums: we have frequent cases of indigence, but no class paupers; or if we have any so distinguishable they are not indigenous, but are the scum or the sediment of effete countries, where degradation is hereditary and classified. Poverty here is not the distinctive badge of a class, but the casual distress of vice, mishap, laziness, or deserted old age. We have no castes or marked and impassable grades of social distinction,—no generations of high-born and generations of low-born, or medium generations of down-falling high and uprising low, with a mass of distinct and professional pauperism at the bottom. We are not thickly peopled enough for such wretched and shameless indigence as blots many enlightened countries. Here where a whole world lies open, and labor is the necessity of every man's life, we expect every man to achieve his own livelihood and fortune, and we give him ample room for doing it. Even the paupers from abroad of the last generation have left their descendants to be the thrifty and even the conspicuous men of this.

Our sort of pauperism does not run with the blood, or stamp and stain its posterity forever.

When we classify, therefore, we do not classify according to any foreign standard of social difference. There are unquestionable personal and individual differences which we naturally regard. We perceive readily enough that on account of sex, or years, or particular habits of life, one requires a different attention and treatment from another, but not simply on account of any particular social distinction. A farmer here is the lord of acres; abroad he is the tenant of roods, without an inch of superior lordship: there is nothing allodial about him. Both labor in the same calling; one pays rent and taxes, the other pays taxes but no rent; one expects to be governor or president, the highest hope of the other is to emigrate to America, or to escape the alms-house at home. We have a numerous rustic population, the back-bone and main-stay of the land and its institutions, as the demagogue most truly says; and although they contribute to our asylums a greater proportion of inmates than any other pursuit, calling or profession, they are not cottagers, nor are cottages their customary habitations.

If the cottage plan is a failure in countries where a cottage life proper is the usual life of the most numerous class, it is idle to expect that it should be a success in this country where no such mode of life prevails. Such detached provision for the chronic and incurable insane as is described by Dr. Tuke in the article which we subjoin, would be wholly out of the question in these latitudes; and therefore it is proposed by some that the cottages should be scattered about in the vicinity of a central hospital building and its offices; sufficiently remote for isolation, but not so distant as to be removed from the supervision of the hospital

officers. On the score of economy, which seems to be the chief pretext for such an arrangement, we think it must signally fail. So many scattered foundations, superstructures and roofs, and the repairs of them, cannot probably be provided in the plainest way for any less expense than a large building equally plain that will accommodate an equal number of patients. They will after all lack many conveniences; baths, kitchen economy, regular and systematic attendance, and provision for all the minor needs that only a large and comprehensive system can meet.

But the fatal objection, after all, is not of this character. In a sanitary view, the cottage system in any way of management, by isolating chronic cases from the rest, adds to the unhappiness of a state already sufficiently unhappy. It seemingly passes a sentence of perpetual imprisonment or banishment upon those who are consigned to these distinctive establishments, and is a signal to all who enter, and to their friends, to abandon hope, which should never be abandoned. All experience shows that whatever exceptions may be found in some cases of a particular grade requiring isolation, the mass of the inmates of hospitals enjoy the social relations, and the little excitements and pleasures that they afford; and chronic cases may be indulged in that way to their comfort if not to their cure. At least if they show themselves quietly disposed and open to domestic enjoyments, they might find a more wholesome seclusion at their homes than in a hospital exclusively devoted to incurables; and such should be the disposal of all of that class whenever they are removed from a hospital, provided they have homes to go to or friends to care for them.

Some of the main objections urged against the cottage arrangement apply with equal force to the plan

which assigns separate hospitals to the chronic and the acute cases. The separation itself is a decisive objection if it be absolutely enforced and carried out; but there is an impracticability in that. Acute cases will creep more and more into the chronic establishments, by influence, by favoritism, by local necessities and convenience, until the desirable result is forced of confounding all unnatural distinctions, and adapting such exclusive asylums to a general indiscriminate use. It is only such a confidence that makes the experiment tolerable. Its bane will be its antidote.

The best arrangement, therefore, for all the material purposes of a large asylum, so far as a good experience goes, is that of connected buildings either under one roof, or so adjacent and communicating by protected passages, as that they may all be readily accessible, at a moment's warning, by the superintendent and attendants, without exposure to the weather; and that all necessary transfers or removals of patients may be promptly made without a like exposure and without much observation. Such a plan excludes the idea of detached buildings, except perhaps, porter's lodges, tenements for gardeners and workmen, and such external conveniences as may be demanded for outside service. The compactness and order of such an arrangement, as compared with detached buildings, call them cottages or what you will, is so advantageous for economy of structure, of repairs, of supervision, of attendance, of removals, of classification, of recreation and diversion, and of household service, that such circumstances should give it, as they have done in this country, a decided preference.

The single point of attendance deserves a special consideration. The paucity of suitable assistants and servants is not apt to be sufficiently regarded by any but

those who have actually encountered the difficulty of obtaining them. As attendants or nurses they require a particular training and experience, besides some native qualities that are not the most common in the world; such as humanity, patience, cheerfulness, watchfulness, courage, firmness, self-control, a love of order and submissiveness to discipline. Without such qualifications, it is hopeless to deal with lunatics; and those who possess them can usually employ them to better self-advantage than in the irksome service of an asylum. Nature endows but few with all the special characteristics for such a vocation, and it requires somewhat unusual incentives to persuade those who are best fitted, to undergo the constraint, the self-denial and the tediousness of it. Every plan, therefore, should contemplate this difficulty in its arrangements, and be as economical as possible of such service by so adapting the arrangements as to call for the least of it,—enough, but not to spare,—of the best quality and well rewarded. Obviously it is easier to attend upon a dozen patients promptly accessible than upon half that number who are dispersed.

Attendants, moreover, require supervision, as well as patients. They must feel the constant presence and observation of those who are authorized to criticise their conduct, and they will feel it the more when under the same roof, than when they are in detached and remote quarters which they are conscious can only be visited at intervals, and probably only at set times which they may be prepared for. The cottage system has thus a disadvantage as compared with the hospital system, which allows of ready visitation and inspection at all hours and seasons, without the serious drawbacks of distance and foul weather. Distance alone is a most serious drawback, for it consumes time,

and enhances fatigue. Besides, the only patients fit for the cottage, although they require a different, require perhaps a more constant, attention and watchfulness than the inmates of the hospital proper. In case of such sudden changes of condition as demand prompt changes of treatment and grade, these cannot be effected without greater delay and much greater expense. In our inclement climate particularly, considerations like these are of great moment. The duties of supervision and attendance are fagging and onerous enough in any possible arrangements, and certainly they ought not to be aggravated by any avoidable inconvenience. In a mere economical view, moreover, the cottage plan seems to require more numerous attendants and servants for a like number of patients than the hospital. But if all things, except a stinting economy or a reluctant parsimony, combine in favor of any plan, economy alone, much less parsimony, should not be suffered to exact the sacrifice of any of them; and we cannot believe that the humane sense of the people would tolerate it.

What is called the pavilion plan is an attempt to combine in a single establishment the advantages and characteristics of both hospital and cottage, but apparently with a sacrifice of the peculiar advantages, and a certainty of the peculiar disadvantages, of both, and at a greater expense than either. The idea seems to be derived from some watering place or hotel arrangement, consisting of a great building for general use, and lesser outlying buildings for particular classes of patients.

In all our suggestions we contemplate equally good treatment and care for all classes of inmates, having proper regard to their several conditions of health, and the corresponding requirements. We suppose that the inmates, whether of the hospital or the cottage or of any combination of the two, will have the best of all

things requisite for their respective needs, comfort and restoration, so far as either plan will allow; and our position is that the hospital system in our mode of conducting it, with such improvements as time and experience will suggest, is really the most efficient as well as the most economical of all, and the best adapted of all to the circumstances of this country.

The suggestions at the close of Dr. Tuke's candid and interesting paper contemplate such cottage arrangements as he would approve, although he seems to think them of doubtful practicability even in his own country under existing circumstances. We feel confident that they are quite impracticable in this, from various considerations which we have already advanced, and others which we might suggest; but we are not disposed to deny their force, admitting their practicability, as applicable to the peculiar system under which the charities of England and Scotland are administered.

[From the Journal of Mental Science, for January, 1870.]

The Cottage System of Management of Lunatics as practiced in Scotland, with Suggestions for its Elaboration and Improvement. By J. B. TUKE, M. D., Edin., Medical Superintendent of the Fife and Kinross District Asylum.

(Read at a Half-yearly Meeting of the Medico-Psychological Association, held at the Royal College of Physicians, Edinburgh, 25th November, 1869.)

The more general adoption of the "Cottage System" for the boarding out of harmless and incurable lunatics is regarded by many as the only remedy for the increased demand for Asylum accommodation, for the reduction of expenditure, and for the prevention of the overgrowth of Asylums. In Scotland the suggestion meets with the approbation of high authority—in England it does not. I have experienced no small reluctance in coming forward now to express my opinion of the working of the system as it now exists in Scotland, and to narrate my experience of it derived from actual inspection; but conceiving it to be a fair field for discussion,

I enter upon it in the full hope that, however much my views may militate against the opinion of the advocates of the "Cottage System," they will be accepted as unbiased by aught but a desire to promote the welfare of the lunatic and the public at large.

It is needless here to enter upon comparisons between foreign institutions, such as Gheel, and the villages in Scotland in which patients are boarded on the "Cottage System," as there is no mutual stand-point of history or national characteristics; nor is animadversion called for on the failure in attempts to institute similar villages prior to the appointment of the General Board of Commissioners in Lunacy for Scotland. We must confine ourselves to the consideration of things as they at present exist.

In order to be able to form an individual opinion of the manner in which lunatics are provided for under this system I paid two visits to Kennoway, a village in Fifeshire, about a mile and a half distant from the Cameron Bridge Station on the Leven and East of Fife Railway. The first visitation was made on the 4th of July, 1869, when I was accompanied by a member of the Fife and Kinross District Lunacy Board; the second on the 16th of October, when Dr. John Smith, Vice President of the Royal College of Physicians of Edinburgh, was my companion. As you all know Dr. Smith has been closely connected with the treatment of Lunacy for the last half century, has made the management and accommodation of the insane his special study, and has been a thoughtful observer and carrier out of the improved system of treatment. It is of no small importance to be able to inform you that either he or I had been personally acquainted with all the patients resident in Kennoway, (with one exception,) when they had been inmates of Asylums. The larger number had been under Dr. Smith's care, either in the old City Bedlam or in the Lunatic Wards of the City Poorhouse of Edinburgh—the remainder had been patients of my own in the Royal Edinburgh Asylum or in the Fife and Kinross District Asylum.

The village of Kennoway is healthily situated on a rising ground overlooking the Firth of Forth, from which it is distant about two miles; in consequence of the decline of the hand-loom trade it has seen its best days; many of the houses are ruinous, and its general appearance is strongly suggestive of decay. Boarded in the houses of the villagers are from twenty-three to twenty-five lunatics, whose condition is admitted to be equal, if not superior, to that of the 1,500 similarly accommodated throughout Scotland.

The tenements in which we found the patients were of the class

inhabited by the poorest of agricultural laborers and weavers, many were evidently damp and indifferently ventilated, the floors in most instances paved with flags, and open drains stood or ran before the doors. As a rule, the æsthetic name of "Cottage" as applied to these dwellings is an utter misnomer—to certain of them the term "hovel" would be more appropriate. In one the stair bore witness to the antiquity of the dwelling, being so worn by the feet of past generations as to require the visitor to make use of a rope for safety in ascending and descending. There are two or three exceptions to this dilapidated condition, but the very best houses are faulty in construction. As to cleanliness, one half of these dwellings were, considering all the disadvantages, very fairly attended to, the other half were open to considerable animadversion. One was filthy in the extreme.

The number of patients in any one house does not exceed four—these are termed "Special Licensed Houses;" in others, one, two, or three lunatics are boarded. The rate of board paid to the guardians is six shillings per head per week for males, and five shillings for females—clothing being provided by the parish.

The patients were with one exception, either demented whose disease was of long standing or congenital idiots. One woman was reported to be subject to paroxysms of excitement. Taken as a whole, they were identically of the class which forms the mass of Asylum population.

On the occasion of my first visit I found in one of the worst managed houses a girl whose melancholic insanity was of recent origin—a case which appeared to me curable. On my second visit I was given to understand that she had left the village, having proved too troublesome for her guardians to manage, who reported to me that the patient had gone away far worse than when she came.

Within the last few weeks a young woman has been transferred to my asylum who has been weak-minded from birth. She had previous to admission, been resident in a private dwelling in the village of Star, near to Kennoway, in consequence of symptoms of hysterical insanity having developed themselves. It was found impossible to manage her on account of her erotic tendencies which at last gave rise to an outrage on public decency and which necessitated her transference to the Asylum.

I know nothing as to the authority by which these two patients had been detained in the parish of Kennoway, but they are evidences that the "Cottage System" is applied to recent and curable cases, as well as to harmless and incurable.

The general appearance of the patients as to cleanliness of person and clothes ranged between moderately clean and decidedly dirty. No means whatever exists for bathing. In no instance had a bath been administered since transmission to the village.

On the occasion of both my visits I had full opportunity of judging of the diet; as a rule it appeared to me insufficient in quality and quantity. It consisted chiefly of broth, fish, and potatoes; the vessel containing the broth was of a size not compatible with satiety; the fish and potatoes were with patriarchal simplicity conveyed to the mouth by the fingers. In one house, however, a good and sufficient meal, decently served, was laid before the patients.

The conclusion arrived at by Dr. Smith and myself after a careful consideration was, that all these patients had materially fallen off from the bodily condition in which they had been when inmates of the establishments over which we had control. Three who had been transferred from my own Asylum only a few months previously were anæmic and thin compared with what they were when they left my charge.

The amount of supervision exercised over these patients and their guardians is understood to consist of a visit twice a year from a Deputy-Commissioner in Lunacy, a quarterly visit from the parochial surgeon, and an occasional visit from the Inspectors of Poor of the parishes to which the lunatics severally belong. The Inspector of Poor of Kennoway acts as honorary Superintendent, which office entails no small amount of trouble and correspondence.

Those houses in which the patients were best cared for were kept by aged or decrepit persons who were evidently unable from these or other incapacitating circumstances to follow out any definite employment; in fact, it appeared as if they were merely able to eke out their own existence from the meagre profit derivable from the board paid for the maintenance of their charges. I gladly admit that in the best houses the manner of the guardians was such as to lead to the conclusion that they took a kindly sort of interest in their patients, but I was by no means so struck with the style of others, none of whom would I have selected as an asylum attendant.

It cannot be said that any greater degree of contentment as to their lot existed amongst those lunatics than amongst those resident in asylums. Several regretted the absence of the amusements and variety of an asylum life and complained of the dullness and monotony of their present abode. One poor woman said that she was anxious to be back in the "Forrest Road,"* an institution not

* Lunatic wards of City Poor-House, Edinburg.

peculiarly characterized by variety, but still a very vortex of excitement compared with Kennoway. The complaints which are constantly heard in Asylums were not wanting here, and any appearance of really greater personal liberty was far from evident. As to absence of restraint and discipline as ameliorating conditions much cherished by these free air patients I am very doubtful; those who could think at all recognized the fact that they were still "kept" in Kennoway and that they were no more free than if detained under a sheriff's warrant. I may be wrong, but my impression was, that the restraint and authority exercised over them by persons of their own or even of a lower class sat heavier upon them and was accompanied by a feeling of degradation greater than would have been experienced had they been exercised by those whom they recognized as their superiors. They all had their limits assigned them—some went stated messages and errands—others were allowed to bask in the sun in the streets or "kale yard," but all were as much restrained as if within the boundary wall of an asylum estate.

If I had ever entertained any hypothetical sentiment about the "traitment à l'air libre," it was utterly dissipated by my experience of Kennoway, for I can safely say that most of these patients would have had more free air, and of a better quality, and equal if not greater liberty, in any well constructed and well regulated asylum, than they received in the position in which we found them. The day on which my first visit was made was fine and sunny, and therefore the brightest side of the picture was seen; but what is the condition of these poor people in winter or in rainy or stormy weather? Which would you consider the more monotonous under such circumstances, the work-room or the verandah of an asylum, or the dingy kitchen of a Kennoway cottage? That all of these patients were in more "homelike" circumstances than if confined in an asylum is most true: many of them were in the full possession of the homelike influences of dirt and squalor, and all of them were devoid of the unhomelike influences of personal cleanliness. But how far they were benefited by presence of the one and absence of the other is open to doubt.

In very fact we must put aside "free air," "greater liberty," and "absence of restraint," as mere sentimental props—arguments which could only be used to influence the opinion of those unconversant with the peculiarities of the insane, quite impotent to convince those who have made them a study. I can honestly say that in my own asylum any one of these patients would have had greater

liberty of action, less restraint, and better and freer air, and I am sure the same would obtain in any one of the institutions with which you are connected.

From all I could learn very slight attempts were made to employ these patients, although certain of them were quite capable of appreciating the advantages of such recreations.

A few attend public worship in the parish church, but I was given to understand that their presence was not agreeable to certain of the congregation. No evidence presented itself that these lunatics met with annoyance or irritation from the juvenile public—on the contrary, from all that could be gathered, a kindly and considerate feeling exists towards them throughout the village. On subsequent enquiry I was informed that apprehensions are entertained by certain of the inhabitants of Kennoway as to the dangerous tendencies of one of these lunatics, that on the part of others a dislike exists to the constant presence of such depressing and melancholy objects, and that objections are held to male lunatics being boarded in the houses of single women, of which there are instances.

Having thus laid before you the general results of my inspections of the Kennoway patients, I am desirous of entering upon a comparison between their condition and that of lunatics resident in asylums and the lunatic wards of poor-houses. Perhaps it will be as well to take up the monetary part of the question first. The rate of board paid to the guardians is £15 12s. per annum for males and £13 for females. The expenditure for clothing (which is found by the parish,) may be stated at £2 per head. The parochial surgeon is paid half-a-guinea per head for visiting, and an additional £1 for inspector's traveling expenses, correspondence—charges for transference and extras may be fairly added, giving a total of £19 2s. 6d. for males and £16 10s. 6d. for females, and a mean over the two sexes of £17 16s. 6d. In all future comparisons this average will be adopted as against the rates of board in asylums, where the charge is the same for men and women.

According to the Eleventh Annual Report of the General Board of Lunacy the average daily rate of maintenance in royal and district asylums, in 1867, was 1s. 4d. per head, amounting to £24 6s. 8d. for the year. Several asylums have reduced their rates of board since the date of the report, but we must accept this sum as the last officially reported. The outlay for building falls upon the county, still it must be reckoned amongst the items of maintenance. It may fairly be stated to be £4 per head per annum. The rate of

maintenance in lunatic wards of poor-houses and parochial asylums is £19 15s. 5d. It will thus be seen that the charge for a lunatic under the "Cottage System" is £10 10s. 2d. less than that for the asylum patient, and £8 11s. 3d. less than that for the inmate of a parochial asylum.

The question now is, by what means is this saving obtained? It is self-evident that it is the result of inferior accommodation, inferior diet, absence of supervision, neglect of cleanliness, the non-provision of those ameliorating influences which in asylums are considered to be absolutely necessary, and the want of attention to those hygienic conditions which are universally accepted and inculcated in hospitals for the insane.

It may be argued by the friends of the "Cottage System" that pauper lunatics are frequently derived from the lowest class of the lower classes, and that therefore there is no hardship in returning them to the abodes in which they were reared when a return to sanity is beyond hope. This is only partially true—as a large proportion of pauper lunatics is derived from the most respectable class of the lower orders; they are paupers only from misfortune, and their lives previous to the occurrence of insanity have been passed among comfortable surroundings and the elevating influences of well-regulated homes. If we look over the record of any pauper asylum and examine what their previous occupations have been, we find that the majority have occupied positions in the world very far above anything approaching the pauper. Artisans, domestic servants, ploughmen, and their wives and daughters form the great mass of the entries. The *bonâ fide* pauper is rarely represented, therefore it is not fair to regard the pauper lunatic in the same category with the ordinary pauper. Even if it were, are we to accept the habitation of the poorest of the poorer classes as a criterion for the accommodation of the harmless and hopeless lunatic? I have no hesitation in saying that in at least three of the houses which I visited at Kennoway, lunatic patients were accommodated in this manner, most of whom were not so demented as to be unable to recognise the benefits of a superior condition, and whose deterioration might be considered as certain in consequence. To say that what is good enough for a sane pauper is good enough for an insane is simply to ignore and cast overboard the results of the philanthropic efforts of the last forty years. If the houses I speak of are sufficient and satisfactory for the accommodation of certain of the cases I found in them, the construction of the various asylums in Scotland was uncalled for and unnecessary by at least

one-half. If it is right and proper and humane to keep lunatics who can appreciate the real comforts of an asylum in such places as the worst houses in Kennoway, it would be right and proper and humane for medical superintendents to dismiss to similar quarters one-half of their patients.

As to supervision, it is just possible that, speaking as a Medical Superintendent, I may overrate the disadvantages consequent upon imperfect supervision; but it does strike the medical superintendent mind as curious that if he, an educated professional man, specially educated in a special branch of his profession, requires the manifold machinery of supervision to which by Act of Parliament he is subjected, the uneducated cottar should have consigned to his slightly supervised charge that helpless being, the chronic dement, who most requires careful consideration and protection. It argues simply this, that the machinery of Asylums is too complicated or that the supervision of the insane in private dwellings is proportionately inadequate. That personal cleanliness must be scrupulously attended to is a leading axiom in all Asylums. No means for bathing exist at Kennoway. I instance the highest authority in Scotland that it is imperatively necessary. In the Ninth Annual Report of the General Board of Lunacy will be found the following passage, which occurs when the Visiting Commissioner is commenting on the deficient water supply in the Royal Asylum, Aberdeen—"It is stated that, during the winter, each individual is bathed about once a month, and during summer more frequently, and the same water may be used by ten. This arrangement *seems altogether inadequate*; and if dictated by scarcity of water, a sufficient supply should be forthwith secured, as absolutely required for the purpose of mere cleanliness *as well as of health*."* And in many other instances in this and other Reports similar comments are made by the Visiting Commissioners as to the deficient means for personal cleanliness in other Asylums, and in one instance the absence of paper in water-closets is animadverted on. With these opinions of the governing body before us, and with our knowledge of the customs of the insane, no one can gainsay the fact that a great desideratum in treatment is absent in Kennoway.

In Asylums the expense for diet is understated at 4s. 6d. per week. The scale laid down for the lunatic wards of Poor-houses cannot be acted up to for a less sum. The mean rate of board for males and females at Kennoway being 5s. 6d. per week, we may

* Appendix to the Ninth Annual Report of the General Board of Commissioners in Lunacy for Scotland. Page 148. The italics are my own.

allow one shilling for bedding, washing, and house rent, one shilling for profit, leaving only 3s. 6d. per week for food. This sum can hardly be considered adequate, more especially when we take into consideration that in Asylums provisions are obtained by contract and as a rule at a lower rate than is paid by the public.

Superintendents experience great difficulty in obtaining proper persons to act as attendants on the insane. Even under supervision, it takes months to train such a servant and to inculcate that consideration which is due to the weaknesses of those under his or her care. How, then, is it to be expected that the poor laborer or artisan can at once be fitted to undertake the office for which experience shows special training is absolutely necessary?

Enough has been already said as to my impressions of the system "*à l'air libre*," and the absence of contentment amongst the Kennoway patients. I would only direct your attention to the total want of all ameliorating and so-called humanizing influences which are recommended by the governing body as necessary in Asylums. Amusements there were none, employment was scanty, ventilation was imperfect, and cheerful surroundings were entirely absent—a vegetable existence at 5s. 6d. per week was the lot of all I saw in the village.

We, as psychologists, admit fully the propriety and necessity of the recommendations of Commissioners so frequently urged for the provision in Asylums of amusements and objects of interest, and endeavour as far as lies in our power to carry them out, occasionally experiencing no small difficulty in convincing Boards of Management that such things as pictures, musical instruments, books, periodicals, lectures and concerts are necessary for the treatment of the insane. It has been put forward to me as an argument against them that 1,500 lunatics of the same class as forms the staple of Asylum population are resident in private dwellings, where no such means of recreation and amusement exist, and it was argued that if these 1,500 people could do without them, why should public money be expended for the residents in Asylums?

From all that has been said, I do not think it can be doubted but that the saving obtained by the Cottage System is procured by means detrimental to the lunatic. It is difficult to understand how this provision for lunatics can be held to be satisfactory when it is compared with Asylum accommodation.

Statistics show that the death-rate in private dwellings is much less than in lunatic wards of Poor-houses; but this can easily be accounted for by the fact that no one can be transferred to a

“Cottage” unless certified to be in sound bodily health. It cannot be said that any lunatic is in sound bodily health, as the nervous centres are necessarily diseased and impaired to such an extent as to mask the symptoms of diseases of other organs—thus rendering constant medical supervision necessary. We have no means of ascertaining what are the causes of death amongst “free-air” patients, but we know that the subject of epilepsy, general paralysis, phthisis, or heart-disease cannot be boarded out, and, therefore, this section of the insane is not liable to death from the four main causes of death in Asylums and Poor-houses. Any deduction, accordingly, from the relative death-rates must be fallacious. The low death-rate is the strongest argument put forward in favor of the system, but it seems to me quite untenable.

Having thus freely expressed my opinion of my experience of this so-called system, it may seem strange to you that I am in favor of employing it in certain cases and under certain conditions. Demand for increased asylum accommodation is made year by year, and, unless some steps are taken, district asylums must double their size within the next thirty years. These asylums are provided for the wants of special districts and have no power to refuse admission. If we allow that 50 per cent. of admissions are discharged cured, and 25 per cent. die, there is a residuum of 25 per cent. left to swell the population, so that a yearly increase is unavoidable. Many of you may disagree with me in considering large asylums national misfortunes, unbeneficial alike to the patient, the rate-payer, and the physician. However that may be, in an improved and elaborated Cottage System there appears to me to be a means of providing for harmless and incurable lunatics without any detriment to them. What is needed is *superior supervision, increased rate of board, and a higher class of guardians*—in short, that the inmates of private dwellings should be subjected to conditions more closely allied to those of inmates of asylums. To this end I suggest that all lunatics of a district should be placed under the control of the District board, that such patients as are suited for residence in private dwellings should be located in villages as nearly adjacent to the asylum as possible, and that the medical officer or officers of the asylum should make regular visitations, as often as the board may direct, and report the result. The guardians should be approved of by either a deputy-commissioner or the medical superintendent of the district asylum, and their houses should be made liable to visitation at any hour of the day or night by the latter officer, in the same manner as lunatic asylums are liable to the visitation of the Commissioners in Lunacy.

It may be said that this is constituting the medical superintendent the district inspector. Why should it not be so? The inspection of the asylum over which he has charge is already sufficiently provided for, and I think it will be admitted that as a rule no better judge could be found of the proper treatment of lunatics in private dwellings than a man experienced in the management of lunatics in asylums.

A diet scale, the same as that laid down for the lunatics wards of poor-houses, should be made imperative for cottage patients, and rules be established for the maintenance of personal cleanliness. No houses should be licensed except such as are in good repair and inhabited by the better class of the peasantry or small artisans. These improved conditions would necessitate an increased rate of board, falling not far short of what is paid for patients in asylums; but without it it is hopeless, in my opinion, to obtain any satisfactory working of the Cottage System. Its success, economically, must not be dependent on the poverty of decrepit old men or women with whom responsibility cannot be made to lie. Suppose a case:—A guardian from some unforeseen accident incurs a petty debt; how is it to be paid except by withholding from the lunatic consigned to his or her charge as much of the aliment provided as may wipe out the score? Again, how much temptation lies in their way to conceal circumstances connected with their charge which might result in removal to an asylum, taking away with him the pittance which alone stands between the guardian and the poor-house? By making the system pay there is little doubt but that people would be found competent to undertake the duty, derived from a better class who could be held actually responsible for the well-being of the lunatics, and whom constant supervision would educate into a thorough knowledge of their business.

The class of patients suitable for the treatment is limited. Certainly young women are not eligible. Dements who, after a fair trial, have been found insusceptible of improvement by discipline and asylum treatment, and the better class of congenital idiots should be alone consigned to the cottage.

I understand that Dr. Arthur Mitchell, Deputy-Commissioner in Lunacy for Scotland, considers 10 per cent. only of the inmates of asylums are fitted for cottage treatment as it at present exists. It appears to me that a larger proportion might be so provided for were the suggestions I propose adopted.

There is yet another class of patients who might be consigned to cottages, namely, those discharged "on probation." Asylum au-

thorities are to some extent responsible for patients on trial, as their names are not taken off the books till the period of probation has expired. It appears to me that it would be only fair that such patients should remain under the cognizance of superintendents as long as they are in any way responsible for them.

I am well aware that many minor difficulties would arise in the organizing of a system such as is now proposed; but they will be small in comparison with the advantages to be derived in overcoming them. These advantages consist in:—

1st.—Keeping down the growth of asylums, of which the “inevitable addition” would not be necessary every ten years.

2nd.—A *real system* of supervision and management over lunatics in private dwellings would be established.

3rd.—The public would be guaranteed the proper care of *all* their pauper lunatics by their transference to the care of the District Board.

4th.—A large proportion of lunatics would be provided for by the Cottage System, if superintendents could assure themselves of the proper treatment of patients under such circumstances.

5th.—The system might be made available for the treatment of convalescent cases. I know of many instances within the last few months, which would have been benefited by a change from the discipline of the asylum, could I only have assured myself by personal observation of their proper treatment during their term of convalescence.

The Cottage system must sooner or latter be brought more fully into play, but it will never gain the confidence of the general public, or of those physicians who have made insanity their special study, until more stringent provisions against abuse are instituted, and greater assurances are offered that patients so provided for are looked after in a manner more nearly approaching to those confined in asylums. By its elaboration all necessity for enlargement of existing asylums would be obviated for many years to come. The machinery for carrying out the plan I have suggested already exists—and, were it adopted, it would secure a reduction of the enormous expenses to which districts are liable for the provision and maintenance of asylum accommodation.

BIBLIOGRAPHICAL.

GERMAN PSYCHOLOGY.—*Archiv für Psychiatrie und Nervenkrankheiten*, 11 *Band*, 1st *Heft*.

This able journal, established by the late eminent and lamented Prof. Griesinger, has since his death been conducted by Dr. L. Meyer and Dr. C. Westphal, two learned and able German psychologists.

This number is most interesting and valuable in its several articles. The first is a review, by Dr. Meyer, of a paper on the care of the insane at public charge in the Kingdom of Hanover, discussing especially the project of a colony, near Munden, in Hanover. Dr. Meyer furnishes a strong and unanswerable argument against colonizing the insane, and in favor of hospital provision, of an efficient but economical character for all classes of insane persons, and urges the early treatment of acute cases, thereby obviating the necessity for providing for so many incurables that cannot be cared for at home.

The second article is on local neuralgic disturbances, by Dr. H. Nothnagel, Berlin.

This paper presents several interesting cases of local nervous affections, and possesses otherwise psychological interest.

ARTICLE III.

On *Aphasia*, from observations made at the clinic for nervous diseases at the Royal-Charity, Berlin, by Dr. Julius Sander, assistant physician at the clinic.

This is an elaborate paper, and several interesting illustrative cases are given, throwing light on this disease.

The autopsies and microscopic researches are of especial interest. *Emboli* and *Thrombosis* seem to have given rise to the disease in several of the cases reported.

ARTICLE IV.

Is by Dr. Theodore Simon, of Hamburg, on certain cases of brain disease, when the degenerative action on the surface is characterized by an appearance of dirty, or spotted glass.

ARTICLE V.

Contra-sexual desire, a symptom of a neuropathic [psycopathic] condition, by Prof. C. Westphal.

This is an elaborate and interesting paper, on the morbid sexual desire in persons of the same sex, to carry forward and satisfy those passions which in a healthy physical and mental condition, are only gratified between those of opposite sexes. Several interesting illustrative cases are given by Dr. Westphal.

ARTICLE VI.

Is part second of an able paper on general paralysis of the insane, by Dr. Th. Simon, of Hamburg. The Dr. gives 22 cases, with the minute symptomatology and *post mortem* appearances. When complete, these papers will be a valuable contribution to the pathology of this disease.

ARTICLE VII.

The pathology of the sympathetic system, according to our present knowledge of the subject, by Dr. A. Eulenburg and Dr. P. Gutman, assistants at the polyclinic of the University of Berlin.

This is a continuation of a series of papers commenced in former numbers of the journal, and this obscure branch of pathology is ably treated and illustrated by many highly-interesting cases bearing on the subject. The papers are to be continued in forthcoming numbers

of the *Archives*, and when complete will constitute an excellent *resumé* of all that is now known respecting the sympathetic system.

ARTICLE X.

Is an elaborate report on recent American psychological literature, with a table setting forth the number of institutions for the insane in the United States, their superintendents, number of patients, and the results of treatment, by Dr. M. Frankel, of Dessau.

ARTICLE XI.

Proceedings of the fifth annual meeting of the Psychiatric Congress, at the institution for the care of the insane at Reinau, canton of Zurich, Switzerland. The chief subjects under discussion at this meeting, were the non-restraint system, and hospital provision for the various classes of the insane. [1st, institutions for the care of the insane; 2d, institutions for the chronic insane, and 3d, institutions for acute cases.] On these questions the Congress appears to have entertained the views set forth by the late Prof. Griesinger, in his treatise.

The following interesting questions were given out for discussion at the next annual meeting:

1st. How often is syphilis of etiological importance, and in what forms of psychical disturbance?

2d. In how many cases was the course of the disease obviously referable to syphilis?

3d. In how many cases was the disease first detected by *post mortem* examination? In how many cases did *post mortem* examination give negative results?

4th. What symptoms aid the diagnosis of the disease during its course? What *post mortem* appearances indicate a syphilitic taint?

5th. Short histories of cases that have occurred.

ARTICLE XII.

Transactions of the Berlin Psychological Society.

The reports of the monthly meetings of this Society are highly instructive, and the present number of the *Archives* embraces the discussions at the various sittings from December, 1868, to the following July, inclusive. Dr. Westphal is president of this learned body, and Dr. W. Sander, secretary.

The transactions consist principally of reports of interesting cases, with remarks on the same by members. We here give a few abstracts :

First Sitting. Dr. Westphal spoke of the connection between rheumatism and chorea, and referred to cases of insanity the result of rheumatism which were complicated with chorea.

Dr. Mendel remarked that he had observed the favorable influence of Fowler's solution in many cases of chorea.

Dr. Sander remarked that he had treated many cases of chorea with arsenic, without any favorable results.

Dr. Westphal spoke of a number of cases in which there was morbid inclination to wear the clothing of the opposite sex, and to have no communication with those of a like sex with themselves, and remarked on the pathological character of these cases.

Dr. Bastian made some remarks on the perverted sexual inclinations of persons in uncivilized countries ; and observed that not unfrequently these persons believed themselves to belong to a higher caste, or to be more holy than others.

Second Sitting. Dr. Mendel made some remarks on the temperature of the brain as compared with other parts of the body, in animals poisoned with alcohol, strychnia, morphia and chloroform. Also the comparative temperature of the brain in animals so poisoned

with the healthy standard; and also remarked on the variations in temperature in diseased conditions of the organs of the mind.

Third Sitting. Dr. Mendel brought forward a case of enlargement of the brain of a carcinomatous character, giving the history. He also showed a highly congested spinal cord of an infant dead of trismus.

Dr. Crone spoke of the case of a child belonging to a family in which insanity was prevalent, that suffered from the day of its birth with spasms, followed by sopor. The spasms returned at irregular intervals for twelve weeks. The child is now seven and a half months old, is physically well developed, but shows little intelligence. A photograph of the child was shown to members.

Fourth Sitting. The main question under discussion at this meeting was that of modified responsibility. It is not to be doubted that there are conditions not belonging to true mental disturbance, in which, nevertheless, the normal operations of the mind are circumscribed. The finer line between this and true mental derangement is not easily laid down, and there only remains for this condition a modified punishment.

The abstract question of responsibility, however, is not one to be dreaded by the physician, though all the light of his scientific attainments should be brought to the aid of the court in determining the grave question, whether, at the time of the commission of the offence, the accused was or was not under influences or circumstances which would tend to disturb the normal operations of the mind, and if so, should not the court mete out to him a milder degree of punishment than under other circumstances?

Herr Holzendorf, Baron Mundy, Herr Liman, and the president, Dr. Westphal, took part in the discussion.

Fifth Sitting. Dr. Livenstein detailed the symptoms, mental and physical, which attended an interesting case of hypertrophy of the brain under his care, and in which there was found apoplectic effusion into the posterior lobe of the brain. Opacity and thickening of the pia mater, serous effusion into the ventricles, with hypertrophy of the brain substance.

Herr Jastrowitz spoke of encephalitis in infants, and the discussion on this disease was continued by Drs. Sander, Lazarus, Croner, Mendel, Liman, and other members of the Society.

Report of the Committee on the Result of Consanguineous Marriages. By Dr. ROBERT NEWMAN, of New York. Presented to the New York State Medical Society, at its Annual Session, February, 1869.

In this report Dr. Newman tabulates the result of thirty-two marriages of consanguinity, and at the date of his writing 127 children had resulted therefrom. There were 8, 11, 12, and in one family fourteen children; making an average of four children to each marriage, and some of the couples were still productive. According to general statistics the average to each family is 3 children; thus comparing favorably.

Of the 127 children born, fourteen died under two years of age, or 11 per cent., whereas in the Metropolitan district of New York, the average mortality in 1868 was 38 per cent. Under the head of causation it appears that 5 died young; one died of cholera infantum, aged 3 months; one died feeble, aged 3 months; one of diarrhœa, before two years, old; one died scrofulous, aged 3 months; one of pneumonia, aged 6 months; one died feeble, aged 6 months; and 3 died of unknown causes.

Of 12 who deviate from the normal state 5 are scrof-

ulous, 2 are deaf mutes, 1 is epileptic, 1 simple, 1 has amaurosis, and 2 a peculiar deformity, (two children in the same family having but two phalangeal bones in the index finger.)

The two cases of amaurosis and epilepsy belong to the family of 14 children. The rest are intelligent, although some are scrofulous. Of the scrofulous children, one or both parents were either scrofulous or tuberculous in six cases. The offspring numbered 15, of whom 5 were scrofulous, (4 died young,) and 10 were healthy. In 4 cases the parents, one or both, had an arthritic diathesis. There were ten children, one died young, all the others were healthy and intelligent.

In the next group there are three cases where there was a predisposition to insanity. In the first an uncle, aunt and sister of the wife died insane; the husband was always in poor health; they have five children, all in tolerable health. In the second case the husband and the wife's mother died insane; the children are all healthy. One, a daughter of the above married a near relative, and her children are free from any disease: they are now respectively 34, 32, 30, and 26 years old. Of the fourteen remaining cases, in which the parents had good constitutions, the children are without exception all healthy, some of them possessing decided genius as writers.

Dr. Edward Jarvis, of Dorchester, Mass., in a letter to Dr. Newman, embodies concisely the facts enumerated by him; he writes as follows:

DORCHESTER, MASS., *January 28th*, 1868

ROBERT NEWMAN, M. D., *New York*:

DEAR SIR.—I have the fixed faith that the child follows the law of parentage; that he begins with the quantum and kind of vital element that belonged then to the parent; that the parent can give no other life to the progeny than that which he or she possessed at the time when the life was imparted.

That the child receives the elements of life from both parents, yet it may be in different degrees. Those of one or the other may predominate, from causes which we cannot determine. Even in the same family some of the children may most resemble the father, or some the mother.

This law of descent governs both, power and weaknesses—all the elements of the constitution, capacities, susceptibilities, tendencies, taints—these are heir-looms passing from generation to generation.

Now if these or any of them belong to both parents, they have a double probability of passing to the children.

Cousins, descendants from a common ancestry, have a common heritage—of good, of evil, of power and weakness. And if these join in marriage, their issue have a double chance of inheriting whatever qualities they may both possess.

If then both parents, although cousins, are perfect in constitution and health, and have nothing to transmit but power, then their children have a double security against constitutional imperfection, and a double warranty of inherited capacity and strength.

The converse is also true with cousins, who have imperfections and liabilities in common. If they marry, they provide a double chance of the repetition of the same weaknesses and susceptibilities in their offspring.

The double certainty of heritage of power or weakness seems in these cases to be due, not to the original fact, that the marrying parties had a common ancestor, but rather to the circumstance, that the elements of life contributed to the children were the same from both parents, and that where both were entirely healthy, the power imparted by one was not vitiated or supplanted by weakness imparted by the other; and that where both were imperfect, the taint of constitution or susceptibility of disease of brain, heart, etc., derived from one, was not neutralized or replaced by soundness in those organs inherited from the other.

In this view of the matter, the objection to consanguineous marriages lies not in the *bare fact of their relationship*, but in the fear of their having similar vitiations of constitution, and it may be necessary to prohibit all marriages of cousins in order to preserve the unity and sustain the power of the race from generation to generation. Yet as constitutional imperfection of some kind or other exists in many families, and these are frequently transmitted from parents to *all* their children, and from them to theirs, it is never safe for cousin to marry with cousin, until, after a complete

investigation, it shall be ascertained that neither party has any such weakness, and none has been in their common ancestry.

It is not enough, that the cousins, the marrying parties, are sound, nor even that both they, and their parents are sound. The hereditary constitutional elements are rather capacities and susceptibilities, than positive powers and taints—germs of strength and disease, that may be developed under good or evil influences, or they may remain dormant, and thus pass to the second, the third, or fourth, or remoter generations before they are quickened into life. Some inherit qualities, powers, disabilities from their grand-parents, or even their great-grand-parents, which were not manifest in their parents, or even the generation immediately preceding.

Some tuberculous parents, knowing their danger and that of their children, train and guard their offspring with sedulous, judicious and successful care, and the second generation, warned of their liability, live in the most cautious manner,* and prevent the development of the tuberculous germ, and pass in good health to old age. Thinking the disease, that destroyed their fathers, and has not appeared in them, has, therefore, passed out of their blood, and will not pass to their issue, they fail to train and guard their children, as they were trained and guarded. So those of the third generation, inheriting the scrofulous taint from their grand-parents, suffer from the development of the germ and are consumptive. Or it may be that the second generation inherits the fear and the caution of the first, and establishes in their children a counteracting force to resist the scrofulous tendency, and provides for them a security against consumption, as their fathers had done for them, and then the germ may lie dormant through the second and third generation, when fear may be lost and caution set aside, and the next, the fourth generation, be sent forth to the world without the security that had been given to the third and the second; then consumption reappears after so long an interval.

So insanity, epilepsy and other diseases pass over one or more generations, waiting for the appropriate influence to bring them into manifest existence.

Mental and moral qualities in the same way pass over generations and reappear, when it would seem that the line of descent was broken forever.

I have in my mind a man of very large intellectual endowment and high culture, but of naturally a very irritable temper, yet of great discipline and self-control. His eldest son inherited his irrita-

bility of temper, which was manifested in some very peculiar form, but not his large talent, taste or self-control. His other children inherited his talent, temper and self-discipline. In the third generation, all the children of the eldest son (of the second generation,) except one daughter, inherited their grandfather's large mental powers and taste, but not the temper of the father or grandfather. The daughter, excepted above, inherited the moderate talent of her father, and the perfect self-discipline and intense sweetness of her mother. In the fourth generation, the eldest son of his daughter, above mentioned, inherits the large talent and taste of his great-grandfather, the irritability of his grandfather, with the very peculiar manifestation shown in his grandfather sixty years before him. Here are mental powers and taste dormant in two intervening generations and reappearing in the fourth; moral peculiarities sleeping through one generation, the very opposite in character reappearing in the third. In order then, to give to children the most perfect constitution and the greatest certainty of an unembarrassed life, men and women in their marriage connections should take measures to prevent the transmission of any defect or taint in themselves to their issue, by selecting partners from other families, whose elements of strength may neutralize their own of weakness in the production of the life of the new generation. Nor is it enough, that the marrying parties, or even their parents may appear to be free from every transmissible defect, for the germ of the disease may be, and may have been, dormant in one, two, and we know not how many generations, sleeping but not dead, and only waiting for the double morbid force of the same heir-loom, from both father and mother meeting in the children, to quicken it into manifest life.

Very respectfully yours,

EDWARD JARVIS.

Intermarriage of Kindred. The Annual Address delivered before the Eclectic Medical Society of the State of New York, January 26, 1870. By ALEXANDER MILDER, M. D., President of the Society.

In this pamphlet Dr. Milder enters into a historical sketch of the Intermarriage of Kindred, beginning with ancient practices, and cites many biblical illustrations. Thus Ezra, who conducted a colony of Israelites to Je-

rusalem, compelled all Jews who had married "strange wives" to divorce them, and send away their children, on the ground that marriage with another race was a violation of the commandment of God.

Abraham wedded Sarah, his own sister. Nahor taking his own neice, Milcah. Lot became the father of two powerful chieftains by his own daughters. Isaac married Rebekah, granddaughter of his father's brother. Esau married a cousin, and Jacob married Rachel and Leah, daughters of Laban, cousins of a still closer degree of consanguinity. Joseph, Judah, Levi and Simeon were the offspring of these alliances. Jochebed, the daughter of Levi, married Amram, her own nephew, and became the mother of offspring that were thus the issue of five or six generations of consanguineous marriages; and what were they, not idiots, not blind persons, scrofulous or deaf mutes, but instead of such, Moses, the profoundest statesman of his age; Aaron his eloquent brother, and Miriam the prophetess, whose songs evince intellect of a high order.

The Macedonian royal family of Alexandria, in Egypt, intermarried between cousins and even brothers and sisters for three hundred years, yet no physical or intellectual imbecility seems to have occurred. Cleopatra, the last sovereign of that line, was not degenerate in body or mind, but excelled in size as well as beauty of person and strength of intellect. A grandson of hers afterwards ascended the throne of Mauritania, and another of her descendents, Zenobia, achieved glory for herself as Queen of Palmyra.

The celebrated Derby family, of England, have intermarried for centuries; the late prime minister was the son of first cousins, and his son, Lord Stanley, has already taken rank among the foremost and ablest statesmen of the young nobility. The family of Queen

Victoria, herself the daughter of cousins, and married to one, are not uncomely or malformed. The blood has never been of the best, but does not appear to have suffered from deterioration.

Dr. Milder introduces the views of other writers, among them M. Voisin, who states that the dangers of consanguine marriages result from an intensification of any morbid hereditary tendencies that may exist in each parent; while, if each be perfectly healthy, the fact of consanguinity counts for nothing."

M. Voisin investigated the circumstances of forty-six families resulting from such marriages, and has prepared tables to show that neither vices of conformation, insanity, idiocy, cretinism, deaf-mutism, epilepsy, albinism nor pigmentary retinitis existed among any of these families.

Dr. J. Langdon Down, of London, selected twenty families united by the ties of consanguinity; there were 138 children, of whom 75 had average health and intellect; 28 were idiots; 11 were consumptive; 8 were still-born, and 19 died prematurely. To make his observations more complete, he selected twenty other families in which the parents were not kindred, but had idiotic children. The whole number of children was 145; of these 83 were in average health; 26 were idiots; 1 was consumptive; 11 were still-born, and 34 died prematurely. In all these families about one-fourth of the idiots were the first-born children, which seems to be a hint that mechanical injury sustained at birth had a material influence in producing the misfortune.

Dr. Bemiss presents 34 cases of the intermarriage of cousins, of which 7 were unprolific, and 27 resulted in 192 children. Of these 58 died in early life, and 134 reached the age of maturity. In 75 cases of disease

among the offspring, 38 are classed under the head of scrofula and consumption, 12 under the head of epilepsy and rheumatic disease, 2 of deafness, 4 of idiocy, and 2 of deformity.

In the marriages of consanguinity enumerated by Dr. Down, 13 of the 20 families were consumptive, 4 were classed under the head nervous, drunken, epileptic and insane.

Of the 20 who were not kindred, no statement is made of the health of the parents.

Dr. Bemiss ascribes all the manifestations of disease in the offspring to the single fact of intermarriage.

Dr. Milden states that all those who have taken the opposite view, i. e., degeneracy following marriages of consanguinity, have avoided the consideration of physical condition, and have ascribed idiocy, deaf-mutism, epilepsy and kindred disorders to the mere fact of consanguinity.

Prof. S. H. Dickson, of Philadelphia, in a lecture upon Scrofulosis and Tuberculosis arrives at the conclusion that it is not an essential result of marriage of consanguinity that there should be scrofulous or other degeneracy. But if there is any predisposition to disease in a family, the female will have it as well as the male; if then, under such circumstances, two cousins of similar scrofulous predisposition marry, it is certain that the offspring will be more scrofulous than their parents; but it is not so by the law of consanguinity. If two persons scrofulously predisposed, of the most distant and diverse race, marry, the result will be just the same without the slightest consanguinity. It is due to the predisposition, and not to the blood. It is for this reason, more apt to be encountered among married relatives; but it is not essential; it is not a law. If two cousins are healthy, and see fit to marry, there is as

much reason to believe that their children would be healthy, as if they were not connected by cousinship or consanguinity at all. If their temperaments be opposite, it will be as favorable a conjunction as if they were not connected. If we could manage these things as the stock-breeder does with the lower animals, undoubtedly we could improve the human breed to a great degree.

Both Dr. Newman and Dr. Milder have prosecuted their researches with great fairness and scientific accuracy, and we trust they will continue their investigations in this department of sociology; their views confirm the ideas entertained by a number of practical men that it is the transgression of the physiological law alone which results in disease and degeneracy.

A Text Book of Practical Medicine. By FELIX VON NIEMEYER, Translated by GEORGE H. HUMPHREY, M. D., and CHARLES E. HACKLEY, M. D.: 2 vols., 8vo.; pp. 1600. New York: D. Appleton & Co; 1869, 4th edition.

Dr. Niemeyer's Treatise is so well known in this country and in Europe, that nothing we can say would add to the general reputation of the work among physicians. Nor have we space to give it that review which its merits would justify, or our appreciation of it would dictate. We must confine ourselves therefore, in a journal like this, to those special chapters on Diseases of the Nervous System, in which Dr. Niemeyer has shown the same distinguished ability to combine philosophy with practice as in all other portions of his work. Of these chapters it may truly be said that they present us with the most advanced ideas upon, and modes of treatment of the various diseases with which they deal, of any similar work on General Practice. We have, consequently, found the work of great utility in

our treatment of such diseases, and are accustomed to consult it to the exclusion of many special treatises upon the neuroses. The views entertained of these diseases by Niemeyer are found to be in such repeated accordance with our daily observations that we take pleasure in recommending the work to our brethren in the field of psychology. In relation to its typography it is needless to say aught save that Messrs. Appleton & Co. have set it in a dress of a graceful and enduring kind. All the works published by this house are unrivalled for typographic execution, and Dr. Niemeyer's is no exception to this rule.

Report of the Committee on Intemperance as a Disease. Extracted from the Transactions of the Medical Society of the State of Pennsylvania: 1869.

From this brief but interesting report we extract the following passages bearing upon the relations of intemperance to insanity:

ARE INEBRIATES INSANE?

We have now reached a point, in this discussion, of great practical moment to those who are addicted to alcoholic and opium excess. Are such persons insane? To answer this question logically and fairly, we must distinguish. The word insane, according to its etymology, means unsound, and in this indeterminate sense is often loosely used. If this broad definition be accepted, every man who exhibits disordered mental action, is insane. Under it is embraced not merely the drunkard, but all human beings. To use the word in this sense, therefore, would be manifestly unreasonable. Few persons would be willing to hazard the opinion that the celebrated Thomas De Quincy and Samuel Coleridge were insane, even through the years of intemperate indulgence during which their celebrity was chiefly gained. Men who are intemperate, either from opium or brandy, are not, in the majority of cases, men of insane intellect. Medical observation and diagnosis have, we think, distinctly proved that the diseased portion of the mind in such cases is chiefly of the will, not the intellect. They know, but

are *impotent to perform*. An able medical writer, Dr. John Reid, in speaking of nervous disorders, says: "We often act upon the ill-founded idea that such complaints are altogether dependent upon the power of the will, a notion which in paradoxical extravagance, scarcely yields to the doctrine that no one need die, if with sufficient energy he determined to live."

An intoxicated man may have hallucinations, be troublesome, and even violent, but such irregularities are analogous to symptoms of mental disturbance that are frequently witnessed in the course of acute disease—as the delirium in fever, and in the various forms of cerebral inflammation—and which passes off in a few hours or days, without the patient being considered insane.

Hallucinations and illusions may exist without insanity. They do not necessarily involve perversion of intellect or judgment. Indeed the reason may be quite clear, and competent to discover the existence and causes of those sensations, without being able to control them. Writers upon this subject speak of "insanity of the will," by which they mean a *perverted* will, that prompts to extraordinary acts which the insane person commits with full intent, and matured design, and enjoys satisfaction with the result, however distressing or dreadful it may be to others. Many inebriates *will* to abstain from excess in the use of intoxicants, and, indeed, determine to abstain totally, until the occasion presents which controls the will, but does not prevent it.

They act in opposition to it. They are captives, and, the will yields to the insatiable demand of physical unrest and depression, or moral infirmity. When it is over, they are stung with the bitterest remorse, and sink into the deepest penitence and sorrow. Such, however, are not the fruits of insanity.

On Aphasia, or Loss of Speech, and the Localization of the Faculty of Articulate Language. By FREDERICK BATEMAN, M. D. M. R. C. P., Physician to the Norfolk and Norwich Hospital. London: J. Churchill & Sons. 1870: 8vo., pp. 180.

The subject of aphasia has attained to proportions of so much importance in clinical Medicine as to entitle any treatise upon it to a warm welcome, and an impartial hearing. The profession are under great obligations, therefore, to Dr. Bateman, for the excellent manual, both historical as well as clinical, in which he has

presented this most interesting topic. Fully aware of the difficulties which ever surround any investigation whose field lies midway of mind and matter, the author has expressed himself throughout with the candor and precision of a judge weighing the evidence between two contending parties, without undertaking to confirm the views of either. One of the fundamental propositions which he lays down, is "that it is unwise to study aphasia as if it were a malady *per se*; it is clearly only a symptom, and not a pathological entity having a proper place in any nosological classification." This is a truth to which all investigations of aphasia will unhesitatingly subscribe.

But at this point we leave the solid land of knowledge to embark upon a sea of controversy and doubt. If aphasia be only a symptom, of what in particular is it a symptom? To answer this Dr. Bateman furnishes us with the recorded cases of Broca, Trousseau, Voisin and his own. Nothing more critical in clinical Medicine has ever been undertaken than this attempt to localize the lesion of which aphasia is the symptom. Broca's experience seems almost conclusive in support of his theory; to this Trousseau, cites some contradictory cases, and Voisin and Bateman each have theirs. The problem grows more perplexing in proportion as the number of observers increases. Yet like all questions involving vital phenomena absolute certainty is not to be expected, and all we can ask at this stage is an average result turning the scale of probabilities for, or against, some one theory.

We do not think any physiologist will attempt to unfold the psychological mystery of articulate speech. Even if we knew the locus in quo of language we should still be very far from explaining how ideas are translated into sounds. It is plain that this does

not depend upon intelligence alone, for while the parrot speaks, the more intelligent dog or horse does not. The fact however that cerebral circulation has much to do with facility or difficulty of speech is one step towards an analysis of the vehicles of language, though not of its sources. The attempt of Gall and his disciples to found an organic psychology proved a failure long before Hamilton gave it the *coup de grace*. No absolute conclusions can be drawn from aphasia touching the centre of speech. This, we believe, all physicians are compelled to admit. With an equalized circulation in the brain the mind has the best opportunity of expressing itself vigorously; with an interruption of that circulation we shall find diminished manifestations of mental utterance, and lastly in shock or exhaustion, we shall see the mind unable to express itself, though all the while conscious of the impediments which block its pathway to the outer world. Dr. Bateman's work gives us all that is as yet known upon this most perplexing break in that cerebral harpsichord, through which the mind produces the simplest language of infancy, and daily converse, or the immortal utterances of a Cicero and a Burke.

On the Diagnostic Value of the Corpuscular Blood-elements in the Urine of Bright's Disease. By JOSEPH G. RICHARDSON, M. D., Microscopist to the Pennsylvania Hospital, Philadelphia. Extracted from the American Journal of the Medical Sciences for January, 1870.

In this pamphlet Dr. Richardson briefly reviews Cohnheim's discovery of the process of Pyogenesis and states that he has in common with Surgeon J. J. Woodward, U. S. A., corroborated the views of that distinguished observer in every particular. After experimenting with human blood and watching the various changes

in the cell, he concludes that "the corpuscles of *human* pus are simply white blood cells which have wandered out through the vascular walls." The cells transude under certain inflammatory conditions; and Dr. Richardson's object is to trace the inflammatory action in the kidney by means of microscopical examinations of the urine, and thus determine the stage of the inflammatory process. He cites six cases which apparently substantiate his views, and says:

"Recapitulating now the conclusions above reached, it will be seen that while red and white corpuscles occurring as described in the urine, in their normal proportion point to renal hemorrhage, and the same elements when more nearly equal in number indicate an acute or subacute nephritis, the existence of white blood cells (pus, mucous or exudation corpuscles) *generally* shows a chronic or, at least, less acute inflammatory condition of the kidneys: further, that a series of comparative, examinations performed with precaution at intervals of a few days, afford an important guide to the effect of treatment, and to the progress of the disease; and therefore, it may be, I think, safely asserted that due regard being paid to the general symptoms and the occurrence of albumen and tube casts in Bright's disease, we can by a careful study of the corpuscular blood elements, as seen in the urine, diognosticate the form and stage of the renal affection with much more accuracy than it has heretofore been customary to do."

A Physician's Problems. By CHARLES ELAM, M. D., M. R. C. P.
1 vol., pp. 400. Boston: Fields, Osgood & Co., 1869.

This book, written in a style to be of interest to the general reader, contains nothing of special professional interest which cannot be found in the works of Hecker, De Boismont and other standard writers, from whom the author has taken many illustrative cases.

The questions discussed are, 1st, "what of essential nature do our parents and ancestors bequeath to us? What do we derive from them that determines our temperament and constitution, our proclivities to health or disease, to virtue or vice, to dullness, mediocrity or genius—in short, our active, intellectual, and moral nature, no less than our physical organization?"

2. "How are our armies of crime and disease recruited?"

3. "Are mental affections and tendencies contagious, like bodily diseases? If so, under what conditions?"

4. "What effect has the work of the brain upon life, health and mind?"

5. "Under what conditions are our senses reliable or unreliable witnesses?" To which is added an article on the "Disease of Socrates" and the "Amulet of Pascal."

The remaining chapters are upon Somnambulism, Revery, and Abstraction.

The work is pleasantly written, and will repay perusal.

Archives of Ophthalmology and Otology. Edited and Published simultaneously in English and German by Prof. H. KNAPP, M. D., in New York, and Prof. S. Moos, M. D., in Heidelberg. Vol. 1, No. 1. New York: William Wood & Co., Carlsruhe: Chr. Fr. Muller'sche, Hofbrichhandlung, 1869, pp. 364. Illustrated with chromo-lithographs, lithographs and wood cuts.

This volume will be a real help to the student of Ophthalmic and Aural diseases, and supply a vacancy in this department of scientific journalism long existing in this country.

The importance of these subjects renders it necessary for the general practitioner to familiarize himself with them, and to those engaged in the treatment of the insane it is no less valuable; the numbers are to be made

up wholly of original matter, the result of direct scientific investigation.

It is to be issued half-yearly in spring and autumn. The first number is finely printed and reflects credit on the publisher. We hope that it will meet with a generous reception.

Annual Address before the Medical Society of the State of New York. By Prof. JAMES P. WHITE, M. D., of Buffalo, President. February 2, 1870.

The subject of this interesting discourse is *Progress in Medicine*, a topic well calculated to appeal to professional pride, and to evoke in its discussion the best efforts of a writer. In this particular Dr. White has done full justice to himself and the subject; and has shown in a well digested review of the field of medicine the great advance it has made at this day. It is difficult as all know who have attempted it, to compress history and philosophy in a nutshell, when summoned to illuminate so large a field as that of progress in medicine, within the limits of an ordinary address. Yet Dr. White has done this in both a scientific and a graceful manner, and his effort is a most fit one to stand at the head of the Volume of Annual Transactions of our State Medical Society.

Transactions of the American Ophthalmological Society. Sixth annual meeting 1869. Also, of the American Otological Society, second annual meeting 1869.

An interesting number full of useful information concerning these important branches of general medicine.

Valedictory Address to the Graduating Class of Jefferson Medical College, at the 45th Commencement, March 12, 1870. By Prof. J. AITKEN MEIGS, M. D: Subject—*Duties and Scope of Profession.*

Three other journals have been added to our exchange list since the last issue, namely:

The American Practitioner, a Monthly Journal of Medicine and Surgery, (formerly Western Journal of Medicine.) Edited by DAVID W. YANDELL, M. D., Professor of Clinical Surgery in the University of Louisville, and THEOPHILUS PARVIN, M. D., Professor of the Medical and Surgical Diseases of Women in the University of Louisville. Published by John P. Morton & Co., Louisville, Ky.

The Baltimore Medical Journal. E. LLOYD HOWARD, M. D., T. S. LATIMER, M. D., Editors and Proprietors. Issued Monthly.

The Michigan University Medical Journal, conducted by the Faculty of the Medical Department, Ann Arbor. R. A. Beal, publisher.

These new journals apparently start under favorable auspices, and we hope they will give a fresh impetus to medical literature in their various localities, and add to the common fund of medical knowledge. We bid them welcome and wish them all possible success.

The late Alden March, M. D. A paper read at a meeting of the Elmira Academy of Medicine, on the evening of August 3d, 1869, by WILLIAM C. WEY, M. D., Elmira, N. Y.

New System of Ventilation. By HENRY A. GOUGE.

This is a popular treatise on the above subject, and is intended for use in the household. Its suggestions are eminently practical, and well calculated to shed light in a direction where too little is generally possessed.

Valedictory Address to the Graduating Class of the National Medical College, Washington, D. C., March 2, 1870. By Prof. JOHN ORDRONAU, M. D.: Subject—*Intellectual and Moral Aspects of the Medical Profession*.

Reports on Rhubarb and Liquor Opii Compositus. By EDWARD R. SQUIBB, M. D. From Proceedings of American Pharmaceutical Association.

Relative Dangers of Anæsthesia by Chloroform and Ether. By Prof. E. ANDREWS, M. D., of the Chicago Medical College.

A valuable paper in every sense to the practitioner. The following table exhibits a summary of the author's researches :

| | | | |
|-----------------------------|------------------------------------|--------|-----|
| Sulph. Ether, | 1 death to 23,204 administrations. | | |
| Chloroform, | 1 do. | 2,723 | do. |
| Ether and Chloroform mixed, | 1 do. | 5,588 | do. |
| Bi Chloride Methyl, | 1 do. | 7,000 | do. |
| Nitrous Oxide, | No death in | 75,000 | do. |

Fourth Annual Report of the Metropolitan Board of Health of the State of New York, for 1869.

Report of the Committee on the Relations of Alcohol to Medicine.
By JOHN BELL, M. D. Extract from the Transactions of the American Medical Association.

Relaxation of the Pelvic Symphyses during Pregnancy and Parturition. By FREDERICK G. SNELLING, M. D.

S U M M A R Y .

LEGISLATION FOR HABITUAL DRUNKARDS.—No one, for a moment, would question the position taken up by Mr. Dalrymple that drunkenness is, of all bad habits that can be contracted, the most degrading and the most refractory. Medical readers do not require to be told that it is the prolific mother of poverty, vice, and disease, and that the habitual drunkard, of all classes of evil-doers, is the least likely, and perhaps the least able, to reform himself. Viewing the case philosophically, then, we cannot be surprised that Mr. Dalrymple, in concert with a good many more persons who have thought more or less deeply upon the subject, is of opinion that some measures should be taken to rescue the person and family of the drunkard from the ruin which he is bringing on both. Regarding habitual drunkenness not only as a bad habit and a vice, but as a disease, the tendency to which is, like insanity, transmissible to offspring, he thinks that the legislature should interfere directly in order to mitigate the sum of human misery thus caused; and, in his speech on Friday last, referred to the experience of establish-

ments in America, indicating a success in restoration of drunkards amounting to from 30 to 50 per cent. His proposition was that reformatories should be set up, which, he believes, might be made self-supporting, to which individuals conscious of their want of self-restraint might go of their own accord, or to which they might be sent by their friends, and detained until a medical certificate is obtainable that they have re-acquired the power of self-control. He proposed, further, that magistrates should have power to commit habitual drunkards to such an institution, and that the property of these persons should be placed for protection in the hands of trustees appointed by proper authority.

We admit that, with the large majority of habitual drunkards, the only direct method of reclaiming them effectually is one in which their own will may be forcibly made subject to that of another, and that the plan of retreat promises better than any other that has been yet proposed. There are persons who, no doubt, are so impressed in their sober moments with the sense of their degradation, that they would gladly welcome the assistance which such restraint would afford them, and for such arrangements might be made with good prospects of success in an institution founded and maintained by private effort. But when it is suggested to detain such persons against their will for the benefit of their families, which they are bringing to disgrace or beggary, and to protect society from mischiefs which are by no means certain to accrue, it becomes a question whether such interference on the part of the State would not bring with it greater evils than those which it is intended to obviate. The disease of the habitual drunkard, if a disease at all, must be one allied to insanity; it must be a perversion of the moral sense or an incapacity to give effect to the resolutions which it inspires when temptation is present to the mind. But it is not easy to see how this condition, except when conjoined with other evidences of insanity, differs from the perversion of moral sense which renders a man insensible to the moral wrong of habitual lying or promiscuous fornication, and to legislate for such a person would be to introduce a principle which is new to British jurisprudence. The State, as Mr. Bruce pointed out, only interferes to restrain lunatics when they are violent and dangerous; otherwise it lays restrictions upon their detention, surrounding that which is effected for their good by friends with every available safeguard, and showing the utmost jealousy of any meddling with individual freedom. It only steps in for direct action when a low morality issues in the commission of crime. Were it to adopt any other course, were it to attempt to anticipate social evils by the re-

straint of the personal freedom of those from whom they are likely to originate, there is no seeing the limits of the interference it would be called upon to exert. At the same time we confess that there are circumstances in which the State might interfere both with advantage and propriety, such as where a man is frequently brought before the magistrates for disorderly conduct as the result of inebriation. To punish such a man with a fine of fine shillings on such occasions is not only a mockery of justice, but produces no good effect either for the reformation of the offender or as an example to others. The reply of the Home Secretary that Mr. Dalrymple would learn the difficulties of the course to which he wished to pledge Parliament, if he would try and construct a bill in the sense of his motion, clinches the arguments against it. We agree with him that at present indirect means of operating against intemperance are those which are most full of promise. "The cure for drunkenness," he said, "must be the moral one; the perception, which was fortunately spreading throughout all classes, that the vice was disgraceful. During the course of the session the Government proposed to bring forward two measures which would, he trusted, have a marked effect in checking the abuse of intoxicating liquors. By one they hoped to place mechanical difficulties in the way of procuring intoxicating drinks; but he trusted that far greater effects would result from the measures introduced by the Vice-President of the Privy Council which would spread throughout the country sounder opinions and sounder knowledge, and which would therefore be the means of checking the mischiefs arising from drunkenness." We should have been glad to hear also that an attempt was about to be made to facilitate further the destruction of the dens in which the poor live in our great cities, and the erection of wholesome dwellings in their place, as well as for the *domestic* education of the girls who are in the future to become, for good or for evil, the wives of the laboring classes. Many and many a man becomes an irreclaimable drunkard by being driven from a miserable home, where his surroundings are all of a depressing tendency, to find solace in the glare and companionship of the neighboring gin palace.—*Med. Times and Gaz. for March.*

The proceedings of the annual meeting of the Association of Medical Superintendents, which was duly held in Hartford last month, have not been fully prepared for publication. They will appear in our next number.

AMERICAN JOURNAL OF INSANITY, FOR OCTOBER, 1870.

PROCEEDINGS OF THE ASSOCIATION OF MEDICAL SUPERINTENDENTS.

The Association of Medical Superintendents of American Institutions for the Insane, held its Twenty-Fourth Annual Meeting, in Hartford, Conn., commencing June 15, 1870.

The Association was called to order at 10 A. M., by the President, Dr. T. S. Kirkbride.

The following gentlemen were present:

Dr. J. P. Baneroff, Asylum for the Insane, Concord, N. H.

Dr. J. W. Barstow, Sanford Hall, Flushing, New York.

Dr. D. R. Brower, Eastern Lunatic Asylum, Williamsburg, Virginia.

Dr. D. Tilden Brown, Bloomingdale Asylum, New York City.

Dr. Henry W. Buel, Spring Hill Institution, Litchfield, Conn.

Dr. John S. Butler, Retreat for the Insane, Hartford, Conn.

Dr. H. A. Buttolph, State Lunatic Asylum, Trenton, New Jersey.

Dr. John H. Callender, Tennessee Hospital for the Insane, Nashville, Tenn.

Dr. Edward R. Chapin, Kings County Lunatic Asylum, Flatbush, N. Y.

Dr. George C. S. Choate, New York City.

Dr. John Curwen, Pennsylvania State Lunatic Hospital, Harrisburg, Penn.

Dr. James R. Dewolf, Nova Scotia Hospital for the Insane, Halifax, N. S.

Dr. T. P. Dudley, Assistant Physician, Eastern Lunatic Asylum, Lexington, Kentucky.

Dr. Pliny Earle, Northampton Lunatic Hospital, Mass.

Dr. Orpheus Everts, Indiana Hospital for the Insane, Indianapolis.

Dr. W. W. Godding, Taunton Lunatic Hospital, Taunton, Mass.

Dr. John P. Gray, State Lunatic Asylum, Utica, N. Y.

Dr. Thos. J. Green, State Lunatic Asylum, Milledgeville, Georgia.

Dr. Eugene Grissom, Insane Asylum, Raleigh, N. C.

Dr. Richard Gundry, Southern Ohio Lunatic Asylum, Dayton, Ohio.

Dr. H. M. Harlow, Maine Insane Hospital, Augusta, Maine.

Dr. R. Hills, West Virginia Hospital for the Insane, Weston, W. Va.

Dr. Edward Jarvis, Dorchester, Mass.

Dr. Thomas S. Kirkbride, Pennsylvania Hospital for the Insane, Philadelphia, Penn.

Dr. J. M. Lewis, Northern Ohio Lunatic Asylum, Newburgh, O.

Dr. Alex. S. McDill, Wisconsin Hospital for the Insane, Madison, Wis.

Dr. C. H. Nichols, Government Hospital for the Insane, Washington, D. C.

Dr. Ralph L. Parsons, New York City Lunatic Asylum.

Dr. William Porter, Spring Hill Institution, Litchfield, Conn.

Dr. Mark Ranney, Iowa Hospital for the Insane, Mt. Pleasant, Iowa.

Dr. Isaac Ray, Philadelphia, Penn.

Dr. J. A. Reed, Western Pennsylvania Hospital for the Insane, Dixmont, Penn.

Dr. D. D. Richardson, Insane Department, Philadelphia Hospital.

Dr. Wm. H. Rockwell, Vermont Asylum for the Insane, Brattleboro, Vt.

Dr. John W. Sawyer, Butler Hospital, Providence, R. I.

Dr. A. M. Shew, General Hospital for the Insane, Middletown, Conn.

Dr. W. T. Stewart, Maryland Insane Hospital, Baltimore, Md.

Dr. C. A. Walker, Boston Lunatic Hospital, Boston, Mass.

Dr. J. H. Worthington, Friend's Asylum for the Insane, Frankford, Philadelphia.

The minutes of the last meeting were read and approved.

The Secretary read a letter from Mrs. L. G. Shantz, written in answer to one conveying to her the resolutions of the Association on the death of her husband; which, on motion, was ordered to be entered on the minutes.

The Secretary also read invitations from the Trustees of the General Hospital for the Insane of Connecticut; from the Committee of the Hartford High School; from the Superintendent of Colt's Patent Fire-Arms Manufactory; from the President and Trustees of the Young Men's Institute; from the Officers of the Connecticut Historical Society, the Watkinson Library, the Wadsworth Athenæum and Art Gallery; from the American Asylum for the Deaf and Dumb, and from the Warden of the State Prison, at Wethersfield, to visit their respective Institutions. An invitation was also received from Mrs. Colt, to visit her residence and grounds, and also the Memorial Church of the Good Shepherd.

On motion of Dr. Curwén, the invitations were accepted, and referred to the Committee on Business.

On motion of Dr. Nichols, the President was requested to appoint the usual standing Committees.

THE PRESIDENT. It has been customary to appoint a committee on the time and place of next meeting, a committee on business, a committee on resolutions, and a committee to audit the Treasurer's accounts—four regular committees. In addition to that should be added this year a committee to nominate officers. It is known to many members of the Association that the President has retained the office during many years only at the earnest solicitation of members. He now asks positively to decline serving longer.

On motion, the President was requested also to appoint the Committee to nominate officers of the Association.

THE PRESIDENT. The Chair has been requested to appoint the committees. In order to facilitate business, he will appoint as the

Committee on Business, Dr. Butler, of Conn.; Ranney, of Iowa; and J. H. Worthington, of Pennsylvania, to prepare the business of the Association.

On motion of Dr. Butler, it was resolved that the Association take a recess for fifteen minutes, to enable the Committee on Business to prepare their report.

On coming to order after the recess, the President announced the several Committees, as follows :

On Time and Place of Next Meeting, Drs. Earle, Curwen and Hills; On Resolutions, Drs. Walker, Green and Everts; On Auditing the Secretary's Accounts, Drs. Grissom, Godding and Harlow; On Nomination of Officers, Drs. Ray, Gray and McDill.

The Secretary read the preliminary report of the Committee on Business, as follows :

The Committee on Business report that they would recommend that this day, Wednesday, be devoted to business and the reading of papers, holding a session from 3 to 6 P. M., and from 7 to 9½ P. M.

On Thursday morning, that the Association visit the American Asylum for the Deaf and Dumb at 9 A. M; after that, the High School; then, on her kind invitation, Mrs. Colt's grounds and picture gallery, and the Church of the Good Shepherd; afterwards the Armory, to witness the operation of the Gatling gun; at 3 P. M., visit the Retreat for the Insane; attend a reception of Dr. and Mrs. Butler at 6 P. M; and by the Directors at 8½ P. M; and hold a meeting in this room on Friday morning at 9 A. M.

The PRESIDENT. The Chair would make one suggestion to the Committee on Business. He does not altogether endorse the programme for to-morrow, by which no business meeting of the Association will be held. If only for appearance's sake we ought to have a business meeting.

Dr. Butler. I accept the suggestion, and move that we have a meeting fifteen minutes before 9 o'clock, and, if the Association have the time, hold a meeting at the Retreat in the afternoon.

Which was agreed to.

The President introduced to the Association :

Dr. John L. Atlee, Delegate of the American Medical Association.

Dr. Wilmer Worthington, General Agent and Secretary of the Board of Public Charities of Pennsylvania.

Dr. James P. White, President of the Board of Managers of the Buffalo State Asylum for the Insane.

Dr. H. B. Wilbur, Asylum for Idiots, Syracuse, N. Y.

Dr. George Brown, Institution for Feeble Minded Youth, Barrè, Mass.

Dr. H. M. Knight, Connecticut School for Imbeciles, Lakeville, Conn.

Dr. J. H. Woodburn, Commissioner of the Insane Hospital, Indianapolis, Indiana.

Dr. E. T. Wilkins, Commissioner of Insanity for California.

Luke Palmer, Esq., Trustee of the Iowa Hospital for the Insane, Mt. Pleasant.

L. N. Boughton, Esq., President of the Board of Trustees of the State Lunatic Asylum, Milledgeville, Georgia.

Frederick H. Wines, Secretary of the Board of Public Charities of Illinois.

Dr. G. Sequin, New York.

Dr. E. C. Sequin, New York City.

The Secretary then read the credentials of the delegate of the American Medical Association, Dr. John L. Atlee.

Dr. WALKER. It this connection it seems proper to refer to the Committee appointed by this body two years ago, to prepare a communication to the American Medical Association, in answer to the proposition asking this Association to unite with them. The President probably recollects that such a Committee was appointed at Boston; and in Staunton last year they asked for further time. I believe the Committee to be prepared on this matter, and, if proper, I call for their report.

The PRESIDENT. The Chairman of the Committee is just recovering from a severe attack of illness. Dr. Ray can probably answer whether they are prepared to report.

Dr. RAY. The member who was to prepare the report has given it considerable thought. Had it not been for his illness, he would have been prepared to report. I think, under the present circumstances of the case, it is better to let it go over; and therefore we beg leave to have the matter postponed.

The PRESIDENT. I have seen Dr. Tyler within the last few days, and he expressed regret that he was unable to present this report, for he thought the American Medical Association might think it was not exactly courteous to them. It is entirely out of his power to present the report now.

Dr. GRAY. I move that the present Committee be continued, to report next year.

Dr. WALKER. Dr. Tyler, before he journeyed South, said that he then had the matter digested; and under these circumstances I second the motion.

Dr. GREEN. It would probably be well to state the ground for the continuance of the Committee,—the serious illness of the Chairman.

The PRESIDENT. It will be so stated.

The motion, as seconded, was then agreed to.

Dr. WALKER. For several years the American Medical Association have taken the trouble to send us a delegate. I think this is the fourth year. As yet we have never returned the compliment. I now move that the President appoint a delegate from this Association to the American Medical Association.

The PRESIDENT. In view of the courtesies extended by the American Medical Association, I think we should delegate some member to attend their meeting at San Francisco, next year.

The motion of Dr. Walker was seconded by Dr. Nichols, and agreed to.

The PRESIDENT. If there are any gentlemen here likely to attend the meeting at San Francisco, and they will so inform him, the Chair will, in a measure, be guided by the information. If there is no one who thinks he will go, the Chair will make the appointment as he deems best under the circumstances. Perhaps it would be a double courtesy if we were to appoint more than one delegate. Our Secretary, I believe, would be willing to attend, and the Chair would be disposed to appoint any one else who would go with him.

Dr. GRAY. I think the Secretary would be able to represent us; but I would suggest that Dr. Shurtleff, being so near San Francisco, and being also Superintendent of the Institution for the Insane in California, be appointed alternate delegate. I make the motion that Dr. Shurtleff be appointed alternate delegate.

Dr. HILLS. If that appointment has not been made, I would

suggest, to relieve the Chair of embarrassment, that he be requested to announce the appointment this afternoon.

The PRESIDENT. If the Chair be allowed to state, he understands that if Dr. Shurtleff, of California, be alternate delegate, he would represent this Association in case Dr. Curwen would not be able to attend.

The motion that Dr. Shurtleff, of California, be alternate delegate, was then agreed to.

The PRESIDENT. The Chairman of the Committee on Business wishes to make an amended report.

Dr. BUTLER. The Committee on Business have modified their report: That the visit to the High School, the Asylum for the Deaf and Dumb, and Trinity College, appointed for to-morrow morning, be deferred for the present, and that the Association meet here for business to-morrow morning.

The report was accepted and adopted.

The Committee on Nomination of Officers made a report, as follows:

They would recommend Dr. John S. Butler, for President; Dr. Charles H. Nichols, for Vice-President; Dr. John Curwen, for Secretary and Treasurer.

The report was accepted and adopted unanimously.

Dr. Butler was escorted to the Chair and introduced to the Association by

Dr. KIRKBRIDE. I have great pleasure in introducing to you a gentleman much better known to many of you than myself—one of the “original thirteen,” and one who is, in every way, calculated to preside with ability in the Chair, which I now have great pleasure in resigning to him.

Dr. Butler responded—

GENTLEMEN OF THE ASSOCIATION:

I thank you heartily for the honor you have done me in electing me to this office. This large meeting is suggestive to me of the first meeting of the Association, held at the Jones Hotel, in Philadelphia, in October, 1844. At that meeting there were present

thirteen Superintendents of Hospitals. In the United States, at that time, there were twenty lunatic asylums. To-day, the number of asylums is nearly trebled, and the number of patients sheltered, comforted and treated in these asylums is nearly quadrupled. At that time there was great apathy in the public mind. Public men understood little of the sufferings of the insane,—less of the treatment, less of the capacity for the amelioration and cure. To-day the thousands in our asylums, the greater intelligence in our community, the laws which have been passed in so many States for the protection of the patients, and for efficient superintendence, and the whole public sentiment of our land, show a great, a noble advance.

We owe this mainly to the efforts of this Association. To me, it seems there is no body, no section of the profession, who have in this time accomplished so much ennobling to humanity and illustrative of Christianity. To be elected President of this Association is, in my opinion, the highest honor of the profession. In entering upon the duties of presiding officer, I must throw myself on your kindness and courtesy, which has never failed me, as it has never yet failed any one of the Association. Again, gentlemen, I thank you heartily.

Dr. HILLS. It seems to me that this occasion deserves not only a few introductory remarks, but a few valedictories; and there is no one we would sooner hear from at the present time than the retiring President.

The PRESIDENT. The Association would be happy to hear from the ex-President, Dr. Kirkbride.

Dr. GRAY. Before calling upon Dr. Kirkbride, I desire to offer a resolution of thanks for the able and courteous manner in which he has discharged his duties.

Resolved, That the thanks of this Association be tendered to Dr. Kirkbride for the able, impartial and courteous manner in which he has presided over the deliberations of this Association.

Which was unanimously adopted.

Dr. Kirkbride, being called upon for remarks, said:

Your retiring President, while he can hardly be expected to make any very extended remarks, would take the opportunity to express to his fellow members of the Association, his very great obligations for the uniform kindness and courtesy extended to him during the long period that it has been their pleasure that he should occupy the presiding officer's chair. If he were to say any-

thing more, it would be, in a great measure, passing over the same ground and referring to the same topics as those alluded to by our friend Dr. Butler. He cannot but recall, very vividly, the first meeting of the Association, in one of the front rooms of the second story of Jones's Hotel, in the city of Philadelphia, in October, 1844. As has been already said, there were thirteen hospital physicians present, and of these thirteen, but six are now living. Four of these, still have charge of hospitals for the insane, and three of these four are here present to-day, while two of the living original members have retired with distinguished and well-earned honors; and one of these two favors us with his presence at this, as I trust he will, at many future meetings.

I am sure that I may truly congratulate the Association on the great amount of good it has effected in the twenty-six years it has been in existence, no less than on its present prosperous condition, and the active interest so generally felt in it by its members. It has done much more than was expected of it at the time of its formation. At the first meeting it was hardly supposed that we should meet more than once in two or three years, and no little effort was required to induce some of its oldest and most distinguished members to agree to the experiment of annual meetings. I believe you will all agree with me, that the interest in the Association, instead of diminishing, has gone on steadily increasing, and this will probably be the largest meeting of the Association held since its organization. I have no hesitation, in saying that the insane of this country owe more to the labors of this Association, than to anything else that has been done for them, in any other connection. You have only to compare the Institutions for the insane in the United States now, with what you saw in 1844, to have some proof of this. You must notice the wonderful progress that has been made in many respects, while the people begin to feel that *all the* insane must be provided for, by the different States, if not by their friends. If this Association had done nothing more than to have enunciated, with the entire unanimity it did, the series of "Propositions" in regard to the construction and organization of hospitals for the insane,—and which have been recognized as authority by our national and many of our State Legislatures, by most boards of trustees, by many foreign bodies and authoritative journals,—that of itself, would have been sufficient to justify the formation of the Association. But it has done vastly more than that; it has made us acquainted with each other; it has removed prejudices and allowed us from year to year to see and to commune

with those engaged in the same work of benevolence with ourselves, and to profit by each other's experience. Beyond all this, we have visited and examined more than twenty hospitals for the insane, and every member must have felt that he was benefited by these visits and examinations, and by the friendly and familiar style of discussion at our meetings. No one could well go about at these meetings, without seeing something that would benefit his own institution, either to adopt or to avoid.

It has been no small matter to have settled so many of the principles which should govern us in the establishment of hospitals, and in the care of the insane. I believe there is no institution in the country that has not been benefited, either directly or indirectly, by the meetings of this Association. In my own State its influence has been felt in recent legislation in regard to the insane. In the law recently passed by the Legislature of Pennsylvania, all its good features, as will readily be seen, are based on the project of a law, originally reported by a Committee of which Dr. Ray was Chairman, and which, after modification, received the unanimous approval of the members. Again returning my most sincere thanks to the Association, I am most happy to be relieved from the honorable position which I have held so long only at the earnest solicitation of valued friends; and it gives me great pleasure to surrender the place to my excellent friend, who has been a member from the beginning of our Association, and who is so worthy of its honors.

Dr. NICHOLS. After hearing from the President elect of the Association, and the retiring President, in relation to its history, it occurs to me that it would be very proper to ask the other distinguished ex-President of the Association, to give us some remarks upon the same subject. I feel, sir, that the members of the Association present will all be much pleased to hear from Dr. Ray.

Dr. RAY. I think it would be more fit to hear from the officers elect.

The PRESIDENT. The Association will be pleased to hear from the Vice President elect.

Dr. NICHOLS. I believe it is not customary to make much of prospective honors; and while I fully appreciate, as I think, the honor done me by electing me Vice-President, it scarcely becomes me to say more than to make my acknowledgements of the appreciation of the honor conferred upon me. Besides, Mr. President, though one of the members of the Association, I am not one of the glorious thirteen who first met. It is from them I wish particularly to hear, and them it will particularly interest the Association to hear.

Dr. RAY. I might be contented with saying, as was once said on a very different occasion, that so much has been said, and so well said, that nothing is necessary for me to say; but while I am up, I will merely, by a few words, confirm what has already been stated in regard to the consequences and results of our Association. I heartily indorse every word that has been said on those points. I think it was a fortunate day for the insane, when we met in 1844, at Jones's Hotel, in Philadelphia, and devised means and measures for improving their condition. It was done at the instance of that gentleman whose name will ever be prominent in the history of insanity in this Country, Dr. Woodward. He proposed the first meeting with many misgivings as to the result. As has been stated we succeeded in gathering thirteen. A step was then taken which led to the best results. Hospitals for the insane were then few in number, but the need of more had begun to be felt, and at that fortunate juncture, the Association came in to suggest a course of improvements in construction, furnishing and organization, without which, probably, every hospital since established would have been little better than its predecessors. If we have any reason to boast of our hospitals, we owe it, in no small degree, to the influence of this Association. By bringing members of the specialty face to face, it has secured an interchange of opinion, which could not have been procured by means of journals or books. I think every member has gone away from these meetings with a deeper interest in his profession and a more intelligent appreciation of its objects, than when he came. In recognition of the benefits which I have myself derived from them, let me use the opportunity I shall not long possess, to urge, especially on the younger members, not to lose their interest in this Association, but to feel a kind of moral obligation to attend its meetings and promote its objects.

Dr. KIRKBRIDE. Being relieved from the cares of office, for the first time since the formation of the Association, I may, perhaps, be excused for occupying rather more of its time than would otherwise be proper. In regard to the "glorious thirteen," as our friend, the new Vice-President, has been pleased to call them, and as it may be a long time before they have such a chance for being glorified again, in this way, I wish simply to say, that there is one more of the original members, now present, one who attended the first meeting of the Association, and took an active part in all its discussions, and who has not yet said anything on this occasion. He has not, it is true, borne the heavy burdens of office in the Association, nor has yet presided over its deliberations; but he has

done much better; he has proved himself a faithful worker, a model superintendent, and a sound writer on the subject of insanity. I need scarcely tell you that I refer to our brother Earle, of Northampton.

Dr. EARLE. It has always been of very great interest to me to attend the meetings of the Association, when I have been able to do so, and the information there gained has been useful. I have nearly always attended them when I have been connected with a hospital, and sometimes when I have not; and although I have not taken so active a part in the business of the Association as some others, I hope I have endeavored to profit by it. I feel very much as our friend Dr. Ray does,—that I shall not be able to attend many more meetings, and I concur most feelingly in his advice to the younger members of the Association.

Dr. KIRKBRIDE. There is one present who is, I believe, much the oldest Superintendent among us. He is the Nestor of the Association, and I am sure its members would be glad to hear from him. I refer to Dr. Rockwell, of Vermont.

Dr. ROCKWELL. I was not one of the first of this Association, but I have attended the meetings for many years. At the first meeting I was so situated that I could not be present. I have attended all since that I could, and I have received great benefit. I hope they will be continued.

The SECRETARY. I am requested to read the articles of the original thirteen. It was decided that the Convention should be styled "The Convention of Medical Superintendents and Physicians of the Asylums and Hospitals for the Insane in the United States," and "shall consist of the following individuals, and of such other Medical Superintendents and Physicians of Asylums or Hospitals for the Insane as may hereafter be admitted by a vote of the majority of the members of the Convention."

Then follow the names of the original thirteen:—Dr. Samuel B. Woodward, Dr. Samuel White, Dr. Isaac Ray, Dr. Luther V. Bell, Dr. C. H. Stedman, Dr. John S. Butler, Dr. Amariah Brigham, Dr. Pliny Earle, Dr. Thomas S. Kirkbride, Dr. William M. Awl, Dr. Francis T. Stribling, Dr. John M. Galt, Dr. Nehemiah Cutter.

The name of the Convention was changed towards the close of the session to "The Association of Medical Superintendents of American Institutions for the Insane."

The constitution of the Association is about the shortest constitution of any body in this country. I will read it for the information of the members. It has not been altered or corrected since its adoption.

“That the medical superintendents of the various incorporated or other legally constituted institutions for the insane now existing on this continent, or which may be commenced prior to the next meeting, and all those who have heretofore been medical superintendents and members of this Association, or who may be hereafter appointed to those stations, be and they hereby are constituted members of the Association.”

The following was adopted as article second :

“That in future every regularly constituted institution for the insane on this continent may have a representative in this Association ; that as heretofore this shall be the medical superintendent, where such officer exists ; but in those institutions where there is a different organization, it may be either of the regular medical officers who may find it most convenient to attend.”

Dr. KIRKBRIDE. I had the honor of being one of the original committee appointed to prepare a constitution and by-laws for this Association at its first meeting. Our lamented friend, the late Dr. Bell, was our chairman, and to him, more than to any one else, are we indebted for the result of that committee's labors. The committee reported just what has been read by the Secretary, and asked to be continued. They have never yet been discharged, nor made any further report. Now I think this has been a great blessing to this Association. I need not tell you how much of the time of most medical associations is spent in fixing up their constitutions and by-laws. We have shown that a very short constitution will answer the purposes, and that for more than a quarter of a century no by-laws, beyond the constitution, have been found necessary. In all this period our Association has not lost half an hour in these very common and often protracted discussions.

Dr. WHITE, of Buffalo. Mr. President, I am not sure that I have a right to speak here ; but I desire to bear testimony, as a representative of the great medical fraternity, to the great amount of good this institution has done. Its influence has been wide-spread ; not only have the insane profited by it, but medical men have also profited through the efforts of this Association. It has long been a cherished hope with me that the department of medicine to which this institution has been specially devoted, should be taught didactically in our institutions. It seems to me that would be another step forward, and in this way an opportunity would be afforded to the medical schools of the country to avail themselves of the stores of knowledge which, during the last twenty-five years, you have accumulated. This is not a new thought ; Griesinger, and others

in Germany, have commenced the good work, and Dr. Gray has advocated, with zeal and ability, the adoption of the same course in this country. As President of the Medical Society of New York, I brought it before that assembly, composed of some three or four hundred of the best men of the State, and obtained their indorsement of the proposition. At the last meeting of the American Medical Association, they passed a resolution, offered by myself, recommending the medical schools to create a chair for the purpose of affording clinical and didactic instruction on the subject of mental diseases, as a regular branch in the college curriculum. It seems to me, this learned body will aid in the movement by representing, in a resolution, or by some way, to other medical institutions in the United States, their opinion of the necessity for instruction in this branch of the profession. That the necessity for such instruction exists, and that great ignorance prevails on this subject among medical men generally, is apparent. I rose to bring before this body the subject of the appointment of these teachers, and the great benefit that would be derived therefrom; and to ask you to extend your usefulness through teachers to be appointed in the different schools. I can have no doubt that if it were expedient to introduce a resolution of this kind, and if properly discussed, it could not help being adopted; and I have no doubt that it would exert a controlling influence over the schools. I think it is the only way in which the practitioner can be reached. We may as well expect that in any other department the student can become expert without a teacher. I have no doubt that all gentlemen who are now here as Superintendents, will bear me out in saying that the ignorance prevailing in this department surpasses that in any other branch. It is time practitioners should be taught; and I know of no way in which it can be done, except through the schools. You must, therefore, address them through the schools, and adopt measures which would not only be appreciated by the instructors, but would also be spread by them before their young men as pupils. I simply proposed to address you upon this point of clinical and didactic teaching, which is now no part, as it were, of our instruction,—to try to have you bring forward a resolution in this matter, and would gladly indorse any action of this kind.

Thanking you, Mr. President, and also the members of this Association, for your indulgence in allowing me to make these extended remarks, I leave the subject for your consideration.

Dr. GRAY. If it is in order, I move that Dr. Kirkbride, Dr. Walker and Dr. Everts, be a committee to consider the subject of such action by the Association, and report.

[The motion was temporarily withdrawn.]

The PRESIDENT. The Association welcomes Dr. White, and thanks him for the valuable suggestion he has made.

Dr. HILLS. Do I understand that the gentleman is attending this society as a delegate from the American Medical Association?

Dr. WHITE. I am simply President of the Board of Managers of the new institution for the insane, created by the State of New York within the last six months. I am quite sure I might not have been in order, and offer no resolution. I simply made those remarks in order to call attention to the subject.

Dr. HILLS. This brings the gentleman closer to this Association. I would suggest that he be added to that committee, if in no other way than through courtsey.

Dr. KIRKBRIDE. While Dr. White, as we all know, is not a member of the Association, or entitled to vote or to serve on committees, we must remember that all these gentlemen connected with the Boards of Management of Hospitals for the Insane, or holding other official positions, making them interested in the subject, are specially invited to attend our meetings, and we are, I am sure, glad to have them give us the results of their observations and experience at all times.

Dr. ATLEE. As a delegate of the American Association I would beg leave to add my request to this Association, to that made by Dr. White. What he has said, sir, is very true. There is no subject on which there is a greater amount of ignorance in the medical profession than the subject of insanity. In our schools we have now no opportunity of learning. The matter of insanity must be made the subject of separate study. The student of medicine, before graduation, is so wholly engaged with other branches that he cannot devote the time to this that the subject imperatively demands. It should be made an object of special instruction. If a professor was appointed, the student would necessarily have to pay some degree of attention to it,—infinitely more than he does now. There are cases arising every day, and some in my own county, where insane persons are permitted to remain in their own homes for weeks, and sometimes for years,—rendering their cases incurable—where a better knowledge on the part of the physician first called in might have saved much suffering in the families to which the unfortunate belonged. I think that in the American Medical Association several members who always take an active interest in this matter, were necessarily engaged in other departments of their

work, and were not present. I regret very much not having an opportunity of expressing my sentiments on the subject. But, sir, we feel very grateful to your Association for what you have done. I was a student in the city of Philadelphia many years ago, when they used manacles and straight jackets, both in hospitals and alms-houses, and those poor unfortunates were kept in straw and filth; and when we compare their state with the condition of the insane now, gentlemen, we feel we are greatly indebted to you for these reforms. The State of Pennsylvania is doing more than it has ever done to promote the welfare of the insane.

On this special subject to which Dr. White has alluded, there is a want of information that, when acquired, will compel the physician to interfere with and correct the prejudices of the people, to induce them to separate the insane from their friends, and take them to an institution where restorative means can be employed. If therefore as a delegate from the American Medical Association, I can give it any support at the next session, I hope it will take this matter into more serious consideration.

Dr. Gray renewed his motion in the following resolution, which was passed unanimously.

Resolved, That Drs. Kirkbride, Walker and Everts be appointed a committee to report on the necessity of didactic and clinical teaching on insanity in the medical schools.

The President announced that Dr. Curwen would read a paper on "The Proper Treatment of the Insane."

Dr. Curwen stated that the paper which he proposed to read had been prepared to be read at the meeting of the American Medical Association. Since he had read the paper at the meeting of that Association in May, he had taken the opportunity of adding some remarks on some theories with which he was not at that time quite familiar, but with which he has since become better informed.

The paper was then read.

DR. KIRKBRIDE. I move that the paper be laid on the table for discussion this afternoon.

The motion was seconded and agreed to.

On motion the Association adjourned to meet at three o'clock.

JUNE 15, 1870.

The Association was called to order at 3 P. M., by the President, Dr. John S. Butler.

The Committee to audit the accounts of the Secretary and Treasurer offered the following report, which was accepted:

“The Committee, to whom was referred the account current of Dr. John Curwen, Secretary and Treasurer of the Association, having audited the same, beg leave to report that the receipts of the last fiscal year amounted to eighty dollars and sixty-seven cents, and the disbursements to one hundred and nine dollars and sixty cents; leaving the sum of twenty-eight dollars and ninety-three cents due said Treasurer. The vouchers are correct, and the duties of said office well performed.”

Respectfully submitted,

EUGENE GRISSOM,
W. M. GODDING,
H. M. HARLOW, } *Committee.*

JUNE 15, 1870.

The Treasurer stated that, in order to meet the current expenses of the Association, an assessment of five dollars on each member was necessary.

On motion of Dr. Walker, the report of the Auditing Committee was placed on file.

Dr. Gray read a letter from Dr. Van Deusen, giving his reason for not attending this meeting of the Association.

The Secretary also read letters from Drs. Cook and Rodman, expressing their regret at not being able to attend this meeting.

The PRESIDENT. The next business in order before the Association is the discussion of the paper read by Dr. Curwen.

Dr. BANCROFT. I understand there is a prospect of other papers being read covering the same ground. It occurs to me that it would be as well to let this paper lie on the table, and have all the discussions on this subject together. I make this only as a suggestion.

Dr. GRAY. Is a paper of that kind within the jurisdiction of the Association?

Dr. WALKER. Probably the Doctor has an idea from what I said, that there is to be another paper upon the subject. I said that Dr. Jarvis, as I understood, has a paper of the same kind, and without saying distinctly that he would read that paper here, I infer that he will be here. He told Dr. Curwen that he should read it during the sessions; and, if that is the case, he could not probably be here until Thursday. I move that the discussion of Dr. Curwen's paper be postponed until all the papers on that subject are read.

The motion was agreed to.

Dr. BARSTOW. If in order, I would like to take a few moments of the time of the Association to announce the death of Dr. EDWARD HALL, late of Auburn, N. Y., once an active physician in the specialty represented by this Association, although not identified with this body.

Dr. Hall was most favorably known in connection with the opening of the convict asylum at Auburn, N. Y. With the permission of the Association I will read a brief newspaper paragraph in relation to the Doctor, whose death was lately announced:

"The sad intelligence has reached us by the last steamer of the death of Dr. Hall, of this city, (Auburn, N. Y.,) at Messina, Sicily, on the 28th of last month. The disease was aneurism of the heart.

"Dr. Hall was forty-nine years of age on the 28th of last February. He had suffered from a disease of the heart for many years, which assumed a more serious type during the last three years. He felt that if any course would prove beneficial, it might be found

in a European tour. He therefore left for a trip to the Mediterranean, in company with a friend, on the 10th of February. His letters to his family did not give much encouragement, and yet the impression was conveyed that a steady, though slight, improvement was realized. His last letter was dated at Malta, the 26th of April, and gave a full account of experiences in travel, and of a slight increase of strength. The particulars of the last sickness are not received, but mention is made of the burial service, conducted by a clergyman of the Church of England.

“Dr. Hall came to Auburn in the autumn of 1858, to organize and take charge of the new State Asylum for insane convicts. His experience, wisdom and skill were brought into full requisition for the complete arrangement and successful administration of this valuable institution. During the three and a half years that Dr. Hall had charge, his labors were indefatigable; and his devotion to the patients as constant as it was beneficial and efficacious. His work in that department of professional life was of the noblest character, and secured for him a national reputation. In consequence of political changes, Dr. Hall resumed the practice of his profession as a family physician, in June, 1862, and was immediately sought by a large circle, because of his rare skill and attractive manners. Since that time his labors have been excessive, and, it is feared, may have aggravated the disease which was lurking in his system. (No doubt they did.) Three years ago he had an attack of cholera while returning from a medical convention in Cincinnati, and since that time he had been compelled more than once, to seek health by leaving the city, and thus gaining rest. Dr. Hall was ardently beloved by all his friends. He was a person of generous sympathies and of noble character. His rare skill was the result of a singular insight, much study, and incessant devotion to his duties. His diagnosis of disease was as ready as it was accurate. His decisions were prompt and unwavering. His knowledge included the recent improvements and discoveries in medical science, and all native gifts and broad acquisitions were crowned by a beautiful Christian beneficence, which dispensed comfort and healing with a constant and unselfish radiation. He will be mourned by many households, and his memory will be ever green, as is his distant grave in the isle of the Mediterranean.”

There are other gentlemen here who can speak very much more to the point, and very much more intelligently of the best qualities of Dr. Hall. I knew him; we were boys together, but for many years past I have seen very little of him. Dr. Wilber, and I think

Dr. Chapin, knew him better than myself. I would be glad, if it were in my power, in this connection to give more facts, and to add a more worthy tribute to the memory of our valued friend; but I leave it to those who, from better acquaintance with Dr. Hall, can speak more fully of his virtues.

Dr. CHAPIN. Dr. Barstow is mistaken in his impression as to my being intimate with Dr. Hall. My acquaintance with him, I am sorry to say, was limited to one day only. Although the occasion was sufficient to enable me to form a very high estimate of his character, it was yet, of course, too brief to warrant me in an attempt to do justice to his memory.

Dr. GRAY. Though well acquainted with Dr. Hall, I did not see him often for several years before his death. I first knew him in the State Medical Society, where he was an earnest, hard-working member. He was well read in his profession, and all his sympathies were warm and kindly. I knew him before he was appointed Superintendent of the Asylum for Insane Convicts, and quite intimately while he was in that position. I am satisfied Dr. Barstow has not too highly eulogized his earnest and devoted labor in the profession, as well as his general social qualities, and his quiet, exemplary Christian character. He was a most excellent man, and beloved by all who knew him well. I heard of his death a few weeks ago, through his friend, Dr. Rochester, of Buffalo. Dr. Hall, I understand, died of heart disease. He had been out of health for some time, and suffered from fainting spells. He went abroad with a young friend in the hope of recruiting his health, and seemed to be improving. He and his friend were about making arrangements for a country residence of a few months, and his friend was absent, during the day, to consummate the plan, (the only time they had been separated during the whole tour.) The Doctor, while walking in the street, was taken with a fainting spell, and was carried into a drug store. He told them to give him a little brandy and ammonia, and he would soon recover. However, they did not appreciate the case, and carried him to his hotel, and he died a few moments after.

The PRESIDENT. I was not aware of Dr. Hall's death until to-day. He was a pupil of mine at South Boston, and I knew him intimately. I heartily indorse the well merited tributes which have been paid to his memory.

The President introduced to the Association, Rev. Dr. H. Bushnell, of Hartford.

The Secretary read a letter from Dr. R. S. Steuart, President of the Maryland Hospital :

MARYLAND HOSPITAL, }
Baltimore, 13th June, 1870. }

Dr. JOHN CURWEN,

My Dear Sir :—I have the pleasure to introduce to you, and through you to the gentlemen of the Convention of Medical Superintendents, my friend and colleague, Dr. William F. Steuart. He has been Resident Physician since the death of our friend, Dr. John Fonerden, whose place he fills. This is the first opportunity Dr. Wm. F. Steuart has had of being placed in connection with those who are entirely devoted to the cause of the insane, and it is to afford him this pleasure, that I forbear going on myself. I find on the list of Superintendents the names of many gentlemen I have met heretofore, and I congratulate them on their good health, and their respective States on their being still able to bestow their knowledge and benevolence on the cause they have so long been devoted to.

Dr. Steuart will tell you how slowly we have progressed in this State, and how much remains to be done. I feel sad when I hear of the progress made in other States, and reflect upon the wants of Maryland; but still I hope, and, at all events, will not relax my efforts in the good cause. When the new Asylum at Spring Grove is finished, we will have accommodations for two hundred and fifty. Mount Hope may contain two hundred and fifty, the Shephard Asylum will admit one hundred and fifty, and the Bay View Asylum has now one hundred.

The total number of insane, in our State, I compute to be about seven hundred and fifty. It would aid the cause in Maryland if your Convention would, at this time, again notice the general need of asylums for the insane, and in doing so express an opinion in regard to the necessary cost of such institutions. When I commenced the one at Spring Grove in 1852, I estimated the cost at \$250,000; and would have built it for this sum, if appropriations had been made steadily and promptly. Wages were then on an average of \$1.50 per hand, but there was no regularity of appropriations. The commencement of the war found the building only one-fourth completed. This unhappy occurrence suspended the building operations from 1861 to 1868: great loss by decay and dilapidation was the consequence, and when the work was resumed

in 1868, wages had risen to \$4 per capita, and all materials were in proportion; the last appropriation was therefore soon consumed. The total cost so far is \$450,000; and it will require at least \$150,000 more to complete it. This sum, large as it is, I find not greater than that of other asylums of the same character and size; and it is to diffuse correct information on this subject, that I beg you will put this question (the cost of such establishments) before your body, that the public may be generally made aware of the necessity of meeting such expenditures, and their unavoidable cost.

Offering my best wishes for the progress of your great cause, and for the health and happiness of all your co-laborers,

I remain, my dear sir, your sincere friend,

R. S. STEUART,

President of the Maryland Hospital.

The Vice-President, Dr. Nichols, in the chair.

The Chair supposes that Dr. Wm. F. Steuart is entitled to represent the Maryland Hospital, and therefore no further action is required on that point. What will the Convention do with regard to the request of Dr. Steuart made in this communication? or what will it do about answering his request?

Dr. KIRKBRIDE. It is rather a difficult question to answer, Mr. President. The location of the institution, the price of land, the rate of wages for labor, the cost of all building materials, vary so much in different situations, as to make it almost impossible to fix in dollars and cents any thing that could be a general guide. Great injustice might be done, unless all the circumstances under which a building was put up were detailed. I am not prepared to make any motion on the subject.

Dr. PARSONS. The estimated cost of the new asylum now in process of erection on Ward's Island, is at the rate of about fifteen hundred dollars for each patient to be accommodated. The structure is being well built in every particular.

The PRESIDENT *pro temp.* The Chair thinks the best way would be to appoint a committee to prepare and submit to the Association such a report as they may think best. If the committee should be under the impression that no definite sum could be named, in all cases, as to price, they could so report.

Dr. GUNDRY. In my view of the case the amount mentioned by Dr. Parsons would fall very low; if it is only an estimate for additional sleeping rooms, it will be nearer the amount. Our ad-

ditions cost a little over \$1,000 per patient; throughout the institution from \$1,000 to \$2,000 *per capita*, adding new wings. I think the estimate, unless we take the good old rule of multiplying estimates by three, would not be sufficient.

Dr. KIRKBRIDE. Were the contracts made at \$1,250?

Dr. PARSONS. The estimates were that \$750,000 would be the sum required to erect a structure for the accommodation of five hundred patients.

Dr. KIRKBRIDE. I know of no one who has built more economically than Dr. Buttolph. My own experience leads me to believe that the estimate of Dr. Gundry is a very low one. The department for males of the Pennsylvania Hospital for the Insane, was completed in 1859. The building, furnishing, machinery, heating, ventilation, boundary wall around fifty acres, and every thing, as far as used, cost \$355,000. It was built with a rigid regard to economy, no unnecessary ornamentation was used, but the work was thoroughly done in every part. It gives accommodations of the best kind for 250 patients. When completed we felt satisfied that no hospital that was as well built, and as complete in its arrangements, could be provided for a less sum. At this time, however, we know that the cost would be much larger, perhaps almost double; both materials and labor being nearly in that proportion.

Dr. GREEN. It is impossible to determine with any certainty the amount every hospital should cost. The various incidentals given could not be relied upon as accurate; as labor, &c. In our own case, in Georgia, we have erected an institution which has been furnished with all the necessary arrangements and means of accommodation, reception rooms, rooms for officers, &c. There have been purchased 1,350 acres of land, which have been connected with that institution; and improvements have been made, involving the erection of all the buildings, and all the arrangements for heat, ventilation, &c., for the accommodation of four hundred patients; and all this within the sum of \$350,000. This has been accomplished through a variety of economical measures. For example, I had made upon the premises ten millions of brick, out of our own soil; and having abundance of timber we saved in that item materially: in brick, \$16,000 or \$17,000, as compared with the price of brick at the manufactories, in Milledgeville. That, however, would never do in making this estimate. Again, there is much difference in the price of building then and now. I think the suggestion made as to the appointment of a committee to draw up some proper reply to the letter read, would be a very good one. To reach the object by an estimate would be a very difficult task.

Dr. KIRKBRIDE. I would be glad to hear from Dr. Buttolph, and to learn the estimated cost of his new building.

Dr. BUTTOLPH. The late extensions of our building were made on either extremity of the original structure, in the form of a hollow square, each to accommodate one hundred,—two hundred patients in all—together with the required number of attendants,—and included the rooms and fixtures for two kitchens. The cost was one hundred and fifty thousand dollars, or seven hundred and fifty dollars *per capita* of the patients to be received. The estimated cost of proposed new structure for six hundred patients, based on specifications made by the architect, (who assisted in arranging plans,) Samuel Sloan, Esq., of Philadelphia, is five hundred and fifty-five thousand dollars for the building proper, which does not include the needed out-buildings, nor the fitting and furnishing for use when completed. It is to be constructed of stone, and throughout of good materials and workmanship, but with little architectural ornament. Another point to which I would invite the attention of the Association for a moment, is the question of the cost of suitable buildings for the insane, and particularly to the class of buildings known as State Institutions. On this point, Mr. President, as I speak from *principle*, I must claim your indulgence for speaking very frankly.

My idea is, in brief, that there is no propriety, indeed, no excuse, for making palaces for paupers, or for the mixed classes of patients usually treated in this class of institutions. I would, of course, have large public buildings tastefully arranged as to general outline and proportion of parts externally, and with all the needful convenience of arrangement, fitting and furniture for the use intended within; the whole to be made of the best or of good material and workmanship, to secure durability in use. I would, however, religiously avoid such embellishment and ornamentation as leads extravagant architects, and ambitious building commissioners, to expend from one to three thousand dollars more, on the average cost of the structure for each inmate, than is actually required. Such conduct, I believe, will have the effect to discourage legislatures from acting promptly in favor of applications for erections of this class, and thus do an immense harm by leaving all classes of the insane without the needed provision for their timely and proper treatment and care. My belief is, that if these principles are kept constantly in view, there will be greater readiness, on the part of public officers of States, to meet the claims of the insane, and there will be few calls for a cheaper class of building, for the care of the

chronic cases. It appears to me, Mr. President, that in view of the present lack of hospital accommodation in nearly all the States, and in view also of the difficulty, in many or most of them, of obtaining the requisite number of buildings, promptly, on account of their *necessary* cost, it becomes this Association to express such views in reference to the style and cost of structure suited to the purpose, as will favor the early supply of the whole number required by all the insane in our land and nation.

Dr. WALKER. Some two years ago, in Boston, we got up plans for a new hospital,—a hospital *de novo*,—a new building on a new location. The plans were carefully studied, and gentlemen who examined them will bear me witness that there was nothing superlative or extravagant about them. We endeavored to get all the best and most experienced convenient to examine the subject. The estimates for 600 patients were made by one of our most reliable architects, who offered to put himself under bonds of one million of dollars to erect a building for that sum, and therefore it would cost a little short of \$1,700 per patient. It would cost a little less to-day, as some materials are a little less in price. I do not believe that a substantial hospital, combining all the conveniences we desire, can be erected much short of \$1,500 per patient.

Dr. BANCROFT. In 1866, we commenced the building of an extension in the form of a separate building, on land already owned by the asylum. No expense for anything other than the simple building for rooms. We constructed the building for thirty patients, in a good, substantial and thorough manner, according to present views, although the building erected was plain. The cost was \$38,000. This was a separate building, and connected with the main building only by a corridor.

Dr. KIRKBRIDE. When I was speaking on this subject before, I omitted to say, that, during the time that high prices ruled, we put up a new ward, which I have described in my report for 1868 as the "Fisher Ward." This ward was intended for very sick patients: it was plainly, but well, built in every respect; the rooms are large, and on one side of the corridor: it has the best kind of heating and fan ventilation,—the steam, however, derived from the boilers already in use. It is as pleasant a ward as we have in the hospital, and has accommodations for twenty patients and their attendants. The cost for building, furnishing, heating and ventilation, was just about \$25,000. Although called a "ward," it admits of six subdivisions of the twenty patients. These are plain, but first-class accommodations; and, at the time, no such extension could be made in Philadelphia for less than the sum named.

Dr. WILKINS. I would like to give the experience of my State on the subject, and I am very glad indeed that the question has been raised. I am particularly pleased to have heard the remarks of Dr. Buttolph, of New Jersey, because, to my mind, he has expressed an idea which ought to be impressed upon every State, and that is, the erection of buildings in the plainest manner compatible with comfort and substantiality.

Our new asylum has been built entirely separate from the old one. It was built for two hundred patients, and cost \$180,000. This includes engine house, elevators, a railroad in the basement, and all other conveniences for a perfect asylum, separate and apart from the old one. I speak of this fact in consequence of the remark of Dr. Kirkbride. This cannot be called an extension building. Your committee will have to take into consideration the style of the building to be erected.

A building that will contain 250 patients has recently been put up by the county of St. Louis, at a cost of \$750,000; but they used a very great amount of that money for ornamentation. It seems to me they expended \$500,000 to gratify the vanity of the citizens of that county, and \$250,000 for the accommodation of the 250 patients. I hope the committee who have this matter in charge will take this into consideration in connection with their report. I would suggest that perhaps, hereafter, States building these institutions for themselves, can build at a cost of \$1,000 per patient, instead of \$2,000. Our hospital was paid for in gold, which would bring it up to \$200,000 for 200 patients.

Dr. PARSONS. I noticed the sum total in the hospital I referred to. The *per capita* was \$1,500. The building is to be erected in the most substantial manner.

Dr. KIRKBRIDE. (To Dr. Wilkins.) I would ask the Doctor whether the building he refers to can be considered a first class one?

Dr. WILKINS. The foundations are not of stone, but entirely of brick.

Dr. KIRKBRIDE. I would ask whether the walls are thoroughly built, whether the floors are of the best kind, whether the doors are as strong and as well made as they should be, and whether all the arrangements calculated to increase the cost are fully up to the point that is desirable. I cannot think it would be safe to estimate for extensions at much less than one thousand dollars per patient, although in some situations it may certainly be done. I am confident that it is always bad economy to put up what are called "cheap

buildings," by which is generally understood, buildings with poor materials and poor workmanship.

Dr. WILKINS. As to the wall, it has been standing two years, and there is not a crack anywhere, notwithstanding they have had quite a shock from an earthquake there. This building withstood the shock, although some others were cracked and shaken. It seems to me that the walls were built in a substantial manner. The floors were the finest I ever saw, and were well put down. The doors are made of the best material, except the doors for the corridors; they are made of slats instead of solid oak. The thermometer there rarely ever gets as low as 32°, and hence the necessity for heating rooms is not the same as it would be in colder climates.

Dr. GUNDRY. If you will allow the statement that the building was put up with gold two or three years ago, I think that your estimate will come up to a little over \$1,200 per patient.

Dr. WILKINS. I think that currency was worth seventy-five cents on the dollar.

Dr. GUNDRY. Two years ago I could get only seventy cents on the dollar. That would bring it up to something like \$1,200 or \$1,500 *per capita*.

Nobody has advantages for building as Doctor Buttolph has. The building of the institution in California was under the eye of one who makes it a specialty. I am informed that he built one in Rhode Island, and also one in Iowa, besides the one in California. The name I have forgotten.

A Doctor. Winslow.

Dr. GUNDRY. Yes, Winslow. All these things aid very materially. If you get a man thoroughly acquainted with the erection of buildings of this kind, you will save money; but in the manner institutions are generally erected, there would be very little profit.

The additions to our institution, I think, cost, for work, material, &c., between \$1,000 and \$1,100 per head. In a neighboring State, I am told, they have an institution for 300 patients, which was built for one hundred thousand dollars.

Dr. KIRKBRIDE. I was going to ask the gentleman if Kentucky had not erected one at less cost.

Dr. GUNDRY. There must be other things than the building that makes this difference. If we appoint that committee this ought to be taken into consideration, and persons appointed from different parts of the country. I think, on reflection, that the institution referred to has been built far worse than they generally are. I can

see that in different localities there is much difference in the cost. Dr. Kirkbride's new ward, although it might be plain, must have different dimensions from those generally allowed to wards. Probably his institution allows more space, therefore his *per capita* increased that much. All these things must be taken into consideration.

Dr. BANCROFT. I think considerable caution should be exercised in sending an answer in relation to this matter from this Association, not to make estimates too low. It seems to me that for the future comfort, convenience and welfare of officers and patients in new hospitals, this is necessary. There is always caution on the part of legislatures about appropriating money for these institutions, and hence a temptation to underrate the cost of new buildings; and many of us are laboring under serious disadvantages from that mistake. From the first period in the existence of our institutions too great economy has been practiced in the first construction, although no doubt it was supposed to be true economy; and as a consequence we have had entailed upon us for years additional expenses, interminable you may say, for repairs and corrections. All these estimates economizing on first expense, involve some change from the truest and best method of building.

Now, I believe it is best for this Association, having a voice in this matter, to recommend full estimates; something near what the cost ought to be to do the work rightly; for it saves great embarrassment in erecting an institution if we can have a proper idea of the cost of a building, and act upon it from the outset. I do not believe that it is best to conceal from our officers, trustees or legislatures, what these buildings must cost. It is better economy to state what it must cost, and give the largest sum, than to estimate low, and after the building is up to commence changes and correct the mistakes made in the construction. I shall go for giving estimates high enough to cover the expense for building a hospital in the best manner, as the truest economy.

Dr. RAY. How large a portion of the joinery,—the floors, doors, &c.,—of the New Hampshire Asylum, have been renewed since the beginning?

Dr. BANCROFT. In the building?

Dr. RAY. Yes, sir.

Dr. BANCROFT. I should think one-fourth renewed or altered on account of some defect in construction.

The VICE-PRESIDENT (in the chair.) It is not customary to allow the Association to proceed in this way. If it is proposed to

appoint a committee, the propriety of appointing it can be discussed, or if the committee is to be appointed, it had better be appointed now. Then probably the whole matter will be discussed.

Dr. GUNDRY. In order to legalize the discussion, I move that a committee be appointed.

Dr. BROWN. I propose that a committee, to consist of five, shall be appointed by the Chair, and that the names of the committee shall be announced to the Association to-morrow morning.

The proposition was seconded and agreed to.

The Vice-President announced that the Association was ready to hear a paper from Dr. Ray.

Dr. Ray then read a paper on the Prognosis of Insanity.

[This paper will not be published in these proceedings, having been written for another purpose.]

On motion, the paper of Dr. Ray was laid on the table for discussion, and a short recess was taken.

The President, (having called the Association to order.) The first business in order is the discussion of Dr. Ray's paper.

Dr. KIRKBRIDE. I do not know, Mr. President, that I have more to say on this subject than that I concur heartily with most of the propositions that have been announced by Dr. Ray. His paper seems to me to give a resumé of most of what we know of the prognosis of insanity. A few years ago, no doubt I should have agreed with him entirely in regard to the first subject alluded to, that is, the most unfavorable prospect in cases of insanity accompanied with epilepsy. I then considered these cases as absolutely hopeless. Now, I am glad to be able to say that I know of one case where by the use of bromide of potassium a patient appears to have been perfectly cured after the disease had continued several years. The patient commenced the use of bromide of potassium in doses of twenty grains, three times a day; and from the day she began to use the article until now, more than three years, she has never had an attack of epilepsy; while the mind seems to have regained its natural strength, and the health and mental characteristics have returned to the patient. So far then as three years are concerned, the case appears to be entirely well. I know of at least

two or three other cases where persons have been well one or two years while taking the bromide. If I had not seen these cases I should have agreed with Dr. Ray on this subject of insanity connected with epilepsy.

In regard to cases of insanity under puberty, I am more hopeful than he is. I do not think I am mistaken when I say there is reason to hope for recovery in cases that are eight, ten or twelve years old.

In regard to our friends from the "Green Isle," I am astonished to hear of the remarkably large portion of incurably insane Irish in New England. From what I have seen of the natives of Ireland, they recover just as quickly as those from other parts of the globe. These are the only points on which I have differed at all from the writer of this excellent paper.

Dr. NICHOLS. I do not care, Mr. President, to make any extended observations upon Dr. Ray's very interesting and instructive paper. I will, however, express my agreement with him upon a point which is not generally discussed in the standard works on insanity. I refer to the fact, as I believe, and as it appears Dr. Ray believes, that when persons of strong and well-balanced minds become insane, they are more likely to recover than insane persons of weak and uncultivated intellects. I have also long believed that men of strong minds and studious habits were less subject both to mental and ordinary bodily diseases, than men of moderate capacity and culture.

There are, I think, more dyspeptics, for example, among farmers and mechanics than among lawyers, doctors and divines. There are both a *prophylaxis* and a *vis medicatrix naturæ* in a strong brain, because strong vitality is usually associated with it.

Dr. PARSONS. On the question of the relative curability of the Irish and of native Americans who become insane, I am not prepared to express a decided opinion. Many differences in the condition of the two classes of patients, as they come under our observation, should be taken into consideration before making a decision. For instance, many of the Irish who come under our care at asylums for the insane, are persons of exceptionably bad habits, and have been placed under peculiarly unfavorable conditions. They have undertaken to seek their fortunes in a new and strange country, where they are liable to experience many disappointments and hardships, at the same time that they are usually separated from many of their relatives, to whom they would naturally look for aid and comfort. Nostalgia holds an important rank

among the causes of insanity in our foreign population, and in my opinion, tends to render the prognosis of those insane from this cause unfavorable. Again, many of the Irish who are admitted to our asylums are of the most indigent class, and come under our care with their physical health broken down by hard labor, exposure to excessive heat and cold, badly ventilated apartments, insufficient nutrition, child-bearing under these unfavorable conditions, and habits of intemperance that have often existed for a considerable period of time.

Again, the majority of our Irish patients are of a low order of intelligence, and very many of them have imperfectly developed brains. When such persons become insane, I am inclined to think that the prognosis is peculiarly unfavorable. Now it is not improbable that an undue proportion of this class of the Irish emigrate to this country. If this be so, it would seem that in order to make a just estimate of the relative curability of the Irish insane, the statistics of the results attained in Ireland should be compared with those attained in this country in the case of native born citizens; due allowance being made, of course, for differences in facilities for treatment, and for whatever differences there might be in the standard in accordance with which the results were estimated.

Dr. EARLE. I only wish to express the desire that the experience of the different Superintendents should be called out upon the subject of epilepsy; and particularly whether it is curable by bromide of potassium. Nearly five years ago, at a meeting of the medical society in our district, I was questioned very closely by the members in regard to my opinion of the drug in that disease; and ventured to predict that it would be a no more certain cure for epilepsy than some other medicines formerly very popular. I have seen no reason to change that opinion. But it is not impossible that it may be changed; and for that reason I hope that gentlemen will give their views upon this subject. The bromide has been used pretty extensively in our hospital; and, although it often diminished the number of paroxysms, it has never cured. I have heard of two cases of reputed cure within the circle of my acquaintance, and of two only. I have taken particular pains to inquire in regard to the fits or paroxysms in those cases. In one of them, where the patient was young, (some eight or ten years of age,) a physician, who was intimately acquainted with the family, and had known the child from its infancy, asserted that the disease was *not* epilepsy. In the other, the patient was a young man be-

tween nineteen and twenty years of age. I was formerly intimately acquainted with his family. Upon recently meeting an aunt of his, who had for many years lived in the house with him, I asked her to describe the paroxysms. The description included the following characteristics: first, that the patient was conscious during the whole time; secondly, that he was not merely conscious, but conscious of suffering very great pain; thirdly, he frequently talked during the whole paroxysm; fourthly, he had no discoloration of the face; and fifthly, no frothing at the mouth. This is about as nearly a description of epilepsy as of a broken arm; perhaps not quite as nearly, because with a broken arm, the man is conscious of suffering. So I believe that in neither of these cases was the disease epilepsy.

The most thorough trial of the bromide in chronic cases of epilepsy of which I have seen an account, is that of Dr. Clouston, of the hospital in Cumberland, England. He tried it in twenty-nine cases for a long series of weeks. The number of paroxysms was very much diminished, but there were no cures. The moment he discontinued the medicine, the paroxysms in most cases began to increase. In a few, the number of them did not become so great as it had been before. In my experience it has sometimes occurred that the number of paroxysms was diminished for a certain time, and then became even more frequent than before.

DR. CHOATE. I have very few remarks to offer in relation to Dr. Ray's paper. I was very much interested in it, and agree with its general conclusions. Still, I cannot quite concur with him in his estimate of the cure of certain forms of insanity, particularly of circular insanity. I am sure I know of two complete cures of that form, which had been going on for several years. I am aware that we ought not to treat these cases as being cured, without being able to trace them up in every case; because in my view it is often prolonged, and finally returns. But I certainly know of two cases of recovery. I should concur in his remarks upon monomania. I am sure the deviation from the moral condition named, makes it absolutely incurable. I think this is especially the case where the patient is able to conceal the disease—where they are able to exercise self-control, and you have to search for the thing hidden.

In regard to epilepsy, I agree with Dr. Ray, that it is incurable by bromide of potassium or anything else. If cases of epilepsy may have been cured by bromide, I certainly know of no case. Three or four years ago, I placed the patients in the hospital upon bromide of potassium, and kept them on it. We gave it for three

months, and then allowed them to go three months without. The aggregate number of fits was not diminished. In some cases it diminished the attacks, but in the aggregate not. I know of one case where a young man had been epileptic from early youth, but he had not manifested many symptoms of an impaired mind. He had been docile. He used bromide of potassium for a year; during that time he had no fits, but his mental condition became much worse: he finally became intractable, although cured of epilepsy, and it was found necessary to take him to an asylum, where he still remains. I think that bromide of potassium has found no favor in England, for I find they are gradually discontinuing its use. I find that it is held in no great estimation, perhaps not greater than the nitrate of silver had at one time

Dr. WHITE. I would rather keep silence on my part. I know infinitely less of insanity than gentlemen present who have not yet spoken. I may say, in relation to epilepsy, one point has been omitted, in the able paper now under discussion, to which I wish to call attention, and on which my mind is unsettled.

Dr. Ray alluded to onanism as a cause of insanity and epilepsy. There are some matters connected with it that have occupied the attention of English practitioners, as well as ourselves, for a few years past. When last in London, in 1866, I visited Baker Brown's Notting Hill Hospital, and observed several cases on which he had operated. He was very sanguine on this subject, and, although I did not place implicit reliance on his observations and conclusions, I found that some of the epileptics were benefited. I could not doubt the improvement in some cases, and if the habit of onanism was not entirely remedied, it was omitted for the time being. Whether the operation of clitoridectomy was productive of good in the division of the nerve, or whether it was productive of good by creating a wound which interfered with this abominable practice, I could not determine. I may say that I have felt for myself that the practice of excising the clitoris was not sufficiently established for me to resort to it frequently. I have, however, in connection with other practitioners, made the operation in three instances,—in one with Dr. Mack, of St. Catharine, (known to some gentlemen here,) on a young female. The paroxysms were postponed a month or two, but the epilepsy was not interrupted. In another case, I made a complete removal, and the habit was broken up entirely. It is now three years since the operation, although the girl is twenty years or thereabouts; the habit of onanism has not returned, nor have the epileptic paroxysms re-

appeared. Two of the cases were young girls, where the habit of masturbation was established at boarding school. It has then been productive of good in two of the three operations, or rather a cure has accompanied the operation. I find great difficulty, often, in deciding whether the improvement which occurs is fairly attributable to the remedies administered or not.

Thirty or forty years ago, I claimed all cases as cures, by the medicines, if given coincident with convalescence. Now, having become more distrustful of therapeutic measures, and confiding much more in the *vis medicatrix naturæ*, I hesitate, and ask for farther observation. Although the paroxysms have not occurred since the operation in these cases, and although for a long time previous they had been very frequent, yet it may have been mere coincidence; and, without additional testimony, by no means establishes a rule. It should also be stated that during all this interval, the patients have been kept under the influence of the bromide of potassium, or ammonium. That the bromides exert some influence in controlling the paroxysms of epilepsy in certain cases, I can entertain no doubt. Upon this point, also, we need further investigation, so as to enable us to discriminate with more accuracy, the cases suitable for their administration. The judicious use of the bromides in combination with belladonna, has in my hands, seemed to control a certain portion of cases, and careful observation alone can guide us in the selection of those cases. It is well known that Baker Brown made the operation referred to many times, sometimes perhaps unwarrantably, and was severely censured for it by the London societies. Because he may have been over-sanguine, or ridden a hobby, affords no reason for discarding it altogether. I would suggest for the consideration of those present, the substitution of the division of the pubic nerves subcutaneously for the more offensive mutilation of clitoridectomy. This operation would be far less disgusting, and may afford equal relief. In some instances, which have come under my observation, the patients were wonderfully susceptible to the influence of this peculiar excitement; and upon applying the finger to the clitoris, it acted almost like a galvanic shock. The exalted state of excitability of the parts was such as to almost produce paroxysms by the simple touch. As already remarked, although two of the cases referred to still remain free from paroxysms, I am not inclined to adopt the operation without further observation from others. I would be glad if it were taken up more in public institutions, where there are more opportunities for making it, and where the result would be

more satisfactory in many respects. In almost all cases of puerperal mania, my prognosis has depended very much on the condition in which I find the uterus. If I find two, three, or four inches or more of variation from the normal size, which frequently occurs after labor, I have much greater hope than where I find it restored to its normal condition, when I find it measuring three and a half or more inches. I have found the best treatment of the insanity to consist in giving remedies, and making such topical applications as will restore it to the normal condition.

Sub-involution of the uterus, will, I doubt not, often be found the cause of puerperal insanity, a condition which has been frequently overlooked; and by addressing our remedies to its restoration, we consult the best interests of our patients. It is impossible to estimate the proportion of cases of puerperal mania, in which hypertrophy of the uterus will be found present; but it certainly exists in a large number of cases. It is nearly useless to undertake the treatment of these cases without topical applications.

I do not however propose, Mr. President, to undertake to give directions for the treatment; my purpose being only, at this time, to call attention to the fact. It may be added, that despondency, lassitude, anemia, and a great variety of other consequences, follow from sub-involution of the uterus after labor or abortion, and gynecologists themselves are but just beginning to realize its importance and frequency.

Dr. PARSONS. My experience coincides very nearly with that of Dr. Earle. I have treated cases of epilepsy, complicated with mania, with the bromides, belladonna, zinc, strychnia, and other approved remedies, and in certain cases with temporary beneficial results; but in no case that has come under my observation, or within my own practice, has there been a cure. There are certain cases of recurrent mania, however, that I have treated precisely as I would treat ordinary cases of epilepsy uncomplicated with mania, and with the best results. From certain similarities in the character and frequency of recurrence of the maniacal attacks to which these patients were subject, I adopted the theory that they were really cases of masked epilepsy, and treated them accordingly.

If this view be the correct one, the result would seem to show that the prognosis in typical cases of epilepsy complicated with mental aberration, is less favorable than is either simple epilepsy, or in that form of masked epilepsy in which the mental lesion seems to replace the convulsive attack. Many cases of nymphomania have come under my care, and have been treated by a great variety

of moral, restrictive and medicinal means, but generally with unsatisfactory results. A few cases have recovered. Clitoridectomy has been resorted to, but with a negative result. I should like much to hear the views of members of the Association on this class of patients, with especial reference to their care, treatment and prognosis.

The hour of adjournment having arrived, Dr. Nichols, Vice-President, in the chair, appointed the following committee on Dr. Steuart's letter: Drs. Gundry, Bancroft, Buttolph, Reed and Green.

The Association adjourned to 8 P. M.

June 15, 1870.

The Association was called to order at 8 P. M., by the President.

The Committee on the time and place of next meeting, made a report in favor of Toronto, Canada, as the place, and the first Tuesday of June, 1871, as the time of the next meeting.

Dr. DEWOLF. As a representative from the British Provinces, it would be a great pleasure to meet this Association on the other side of the line, at Toronto.

Dr. RAY. I do not wish to deprive Dr. Workman of the gratification of a visit by this Association, but it appears to me we are making arrangements too soon. He may have some other engagement at that time.

Dr. CURWEN. The Committee were influenced very much in their choice by the great urgency of both Dr. Workman and Dr. Lander last year, and the impression they had of the great benefit which they would receive from a visit of the Association to Toronto.

Dr. GRAY. I received a letter from Dr. Lander, the day before I came away, in which he expressed his regret that he could not be present at this meeting of the Association, because he was so engaged in the erection of his new asylum; but he expressed the hope that the

Association would go to Toronto next year. I think we are under a certain promise to go there by our action of last year. The President, Dr. Butler, was on the committee then, and only two places were named, Hartford and Toronto, and there was not much difference in the vote. I think the Canadians are under the impression that Toronto will be the place selected.

Dr. BROWN. As Dr. Workman is expected here, and may be here to-morrow, I move that the report lie on the table until that time.

The motion was agreed to.

The PRESIDENT. The subject now before the Association is the discussion of the paper of Dr. Ray. It has been our custom heretofore, and it has generally been followed out, and should be, to confine the discussion strictly to the subject matter before us, and gentlemen to speak in their turn, as they are called upon by the chair.

Dr. GUNDRY. I do not know, after having been reminded by the Chair to speak strictly to the subject under discussion, how we will be able to get along. It is rather hard to have the rule applied the first time, after we have acquired a habit the other way.

The PRESIDENT. The Chair thinks it is easy to confine one's self to the subject.

Dr. GUNDRY. I must express gratification at hearing the paper read. The difficulty of everybody engaged in the treatment of the disease of insanity, is felt in the prognosis. Any guide in a foggy night is welcome, and any guide is acceptable from Dr. Ray. I think even from the paper which the Doctor read to-day, compared with the paper read some time ago from experience then, which was published, that the Doctor's confidence in prognosis has somewhat increased. I think the last paper of the Doctor is less mournful than the other was, as to the disposition of the insane person. With the conclusions that the Doctor has arrived at in his paper, for the most part, I cordially agree. I think that the popular belief is that a case which comes in an excited manner is one which is more difficult to treat than that of depression. I cannot help thinking that the true proof of prognosis is to be found more than we are accustomed to do, in comparing the mental and physical symptoms—the lesions of the patient himself as diseased, with the mental manifestations which may occur in that state; and to draw more accurately from the relations and manifestations which separate it from the other class. I cannot help thinking that a more

accurate knowledge might thus be arrived at, than by dealing exclusively with mental phenomena. For instance, great depression may be simply an exponent of different faculties; it may be the exponent of some great physical lesion. One may put in a decision that the case is cured when that which caused the mental aberration is removed. After the mental aberration has been established, it may continue very long after the cause has been removed, as in the case of tetanus, traumatic tetanus: I mean when the cause has long passed away. So with insanity of the brain by the physical lesions in the different parts of the body. I only throw these out in passing.

One statement made by the Doctor does not exactly concur with my feelings; and that is the statement that patients laboring under depression are less amenable to cure than those under excitement. In every year, perhaps, I am getting more and more hopeful in such cases, that is, where the patients are brought very early, or before the case of melancholia has long been permitted to exist. As cases of melancholia are not so troublesome as some others, they are permitted to remain away longer. Then it happens that the case, registered as melancholia, passes through the hospital in its mitigated form. Of course those from outside may think these are more likely to get well than those of other classes; but not taking that view, it seems to me they are more curable than I once thought.

I have also found, taking the general average, that is to say, taking throughout, (of course there are more of depression than of excitement,) going over a large series, more permanent recoveries seem to occur than in others, though it takes longer in manifesting moral phenomena; and that the cases are much more sure and complete. It may be that in a few years I may alter this; of course I am simply giving my own thoughts in the matter.

Some reference was made to circular insanity. I am sorry to say that my own impressions agree with the mournful impressions made upon the mind of Dr. Ray. I hardly think that much good can be done in such cases. I thought in one case a cure was the result, but in a few years the case returned, with all its original force, and with an increase, if anything. Take all the classes of epilepsy; they may be generally set down as incurable, although Dr. Kirkbride had a case which he had good reason to hope was cured; I only hope it may be so. The only case in which I have known an epileptic to get well, was under a treatment of quinine and belladonna. In constant practice I have come across many

cases of epilepsy, and have seen the treatment under bromide of potassium. One doctor gave the medicine, and six months after the cry was raised, "You cured him of epilepsy, and the people wish he had epilepsy again, because he is so confoundedly cross that they want him to have fits." I inquired and found, in many cases, I may say, when the fits were intercepted, the same nervous excitement takes place; so I have come to regard the cure as dubious; that is to say, the stoppage of epileptic fits is a very doubtful recovery.

I think the treatment by bromides has entered into pathology very much as a necessity. A case beginning with epilepsy is transferred to melancholia or excitement, or the reverse: that stopped, and epilepsy drops in simply as a note of warning to tell the class of cases which you are treating. So it is rather a dangerous thing to stop giving bromide after its long continuance, and I should expect precisely the same results that Dr. Choate said he did get. In one case of which I spoke, the bromide had been stopped, and the patient was advised to keep on a year with it. I have heard that he is getting a better temper, although I do not know what the final result will be. If anything can be done for epilepsy, of course we will welcome it. I have no doubt that the bromide has been exaggerated, as all such matters are. Certainly the peace of an asylum is much improved by its use, and certainly the number of fits is decreased. As a general thing, as long as the bromide is continued, I have not seen the attacks increase; but I have seen, with Dr. Choate, that, after the use of it, the fits increase, and sometimes are more frequent in number.

Dr. WALKER. I am very much in favor of Dr. Ray. I am very thankful to have had the opportunity of hearing him. Almost all the positions taken in that paper agree with my own experience, so far as it has gone; and in only one thing did I find my former views differing at all from his; and that is in regard to the curability of melancholia depression. I had the opinion that it was somewhat different from the cases stated by him. I think that the impression has been gained from the fact of the peculiar condition of the hospital for three or four years past, and in taking quiet rooms, we have taken more cases of depression; and imperceptibly I may have been forced into that impression. The Doctor may be right in that impression as well as in others.

I think, in insanity accompanied by epilepsy, that the cases of recovery are only enough to form an exception, and would not do for a rule.

I was not so much struck with Dr. Kirkbride's sudden faith in bromide of potassium, as I was at his going to the opposite extreme. I have a case of twenty months without an epileptic fit, and apparently recovered, not only under the use of bromide, but I also attribute his apparent recovery to the steady use of pyrophosphate of iron. In the use of bromide of potassium in the hospital, there is a marked diminution in the number of attacks of epilepsy. In the ward in which these cases are placed, I should not know to-day how to get along without it. There are two or three cases, as in the cases stated by Dr. Earle, where the epileptic fits have been decreased, and they have been made irritable, and are more violent; they were not subject to it when the fits came regularly, and it was thought proper to let them have a fit occasionally, to sweeten them: these cases, however, are exceptions even to all the cases where the bromide is used. I believe it is doing good; I have known it to suspend fits for nineteen months, without any such effects as have been described; where the patients, instead of becoming irritable, became sociable. We have a case where the epileptic attacks have been completely suspended for eighteen months; another, where it was suspended for seventeen months, died a few weeks afterwards. We have one who for twenty months has not had an attack, and has apparently recovered. In three or four years, I may be able to submit a report, and report progress.

Dr. SAWYER. Epilepsy at the stage at which it is brought to the hospital, I always regard as incurable. The influence of bromide of potassium in checking the fits is indisputable, and it is the medicine most generally useful; but there is a class of cases in which the deterioration of mind and body seems to go on more rapidly, while the patient is under the influence of the bromide, though no paroxysm occurs; as if the symptoms were concealed by the medicine, while the morbid process itself went on with increased rapidity. In such cases it is obviously better to withhold the medicine, and allow the fits to occur.

Dr. GRAY. When a man of experience sums up the result of his observations on a subject for a number of years, and indicates the indicia of his judgment by which others may observe for themselves, and compare their own experience, and determine whether he is right or wrong, he certainly confers a benefit upon his profession and upon mankind. Dr. Ray has given us, in his paper, not simply the general results of his observation; but also the indicia, both physical and mental, by which we may compare like cases

which may have come under our observation; and then apply his record as a general guide. So also in observations in the future upon this important subject. And he has therefore marked, as far as the experience of one man may be taken for others, an era in the progress of medicine, in this particular, by which hereafter those who follow us will be able to determine whether we have advanced or retrograded. Therefore, I for one feel under great obligations to Dr. Ray for his valuable paper.

As Dr. Gundry has stated, we now come to the more important point of endeavoring to determine by investigation upon what the particular lesions referred to may depend; what the pathological conditions may be from which Dr. Ray has drawn these conclusions as to the curability or incurability of cases of insanity; and the time has arrived when we are required to give more attention to pathological investigation.

In regard to epilepsy, with us the majority of cases that come to the asylum have so far advanced as to be complicated with insanity. We have here a compound nervous disorder to treat, epilepsy and insanity; and as we know very little of epilepsy, it is not very surprising that we should have very little success in treating the cases of insanity caused by a disease, which is itself so little amenable to treatment in any of its stages. The general testimony seems to be that bromides are really of great value in epilepsy. We should not underestimate them because much of their value is in the mitigation of suffering; for this is as much a part of medical practice as the cure of disease; and in mitigating so terrible a malady, we certainly do a good work for humanity.

The remark of Dr. Sawyer might do some injury, if we are to understand by it that after arresting the fits, the bromides induce a more rapid deterioration. It is a very common thing for a case of epilepsy, without medical treatment at all, and uncomplicated with insanity, to pass into just that condition. I do not think I have observed any such effects as appear to some of the members of the Association, under the administration of the bromides. We have given them together, usually combining them with some bitter tonic, in order that the appetite may be sustained, and nutrition favored, because it sometimes occurs that the continued administration of bromides has a tendency to impair the appetite. We usually combine the bromides with an infusion of columbo, and sometimes with other vegetable tonics.

Dr. GRISSOM. It can hardly be expected, Mr. President, with my limited experience in this specialty, that I should offer any-

thing of particular interest in connection with this subject. Reference having been made, however, in this discussion, to the claims, both in this country and abroad, of the beneficial effects on the diseases under consideration, of surgical operations upon some of the sexual or genital organs, it might not be altogether uninteresting to relate a part of a history of a case of epileptic mania, precipitated no doubt by onanism, now in the asylum at Raleigh. A young man, aged about twenty, who had been two years a subject of epilepsy, was admitted in 1863, and after a residence of one year, being considered harmless, was discharged with apparent mental improvement. Soon after, he destroyed his father with whom he lived alone. While in prison, with a piece of glass, he emasculated himself of one testicle, and before his recommittal to the asylum, he finished the work of castration by removing the other in a similar manner. Either as a consequence or coincidence, the epileptic attacks were suspended for a considerable time, but returned again, and still continue with equal violence, but at somewhat longer intervals. I mention this case for what it is worth, as a negative proposition towards the cure of this or other diseases of the nervous system by similar surgery,

Dr. RICHARDSON. I have always been instructed and entertained when I have heard a paper read by Dr. Ray. So far as my experience goes, I coincide with him as regards the prognosis of the varied forms of insanity.

Dr. CALLENDER. I do not feel competent to speak on the merits, or criticize the points of the paper of Dr. Ray. It discusses, very ably, one of the most important subjects involved in the specialty, and connected with our duties. I cannot sit down, sir, however, without the remark that I was deeply interested and greatly edified in listening to its reading, and that, as far as my observation and experience extend, I coincide with the leading views expressed. With regard to the use of bromide of potassium as a curative agent in epilepsy, which is a matter extraneous to the subject of the paper, I shall have nothing to say.

Dr. DEWOLF. On the prognosis of insanity, when all members record their cases with reference to treatment or results, we may then receive considerable aid in the treatment. In cases of melancholia and mania, or in cases of patients of a certain age, I think the classification will help us to arrive at the formation of an opinion. I beg leave to thank the Doctor very sincerely for his paper.

Dr. RANNEY. I was deeply interested, as I trust every one was, in the paper presented by Dr. Ray. With his general conclusions

I fully agree. In some points, however, I think my experience has been different from that of other gentlemen who have spoken on this subject. With regard to melancholia, where patients have been sent to the hospital, and when sent as other cases are, I think it is curable. In that class of cases, I find they are longer retained at home, for the reason that they are less demonstrative, and therefore they come into the hospital for treatment with an aggravation of the disorder; and perhaps for that reason our success is less than with some other forms. But my experience has led me to think that if cases of melancholia were sent to hospitals for treatment as promptly as other cases of insanity, that form would be as curable. In much of my treatment of melancholia, my success is due to that fact. Most of these cases are long detained at home, excepting cases of melancholia where there is a suicidal disposition, which I regard as an unfavorable omen. This is also much the case with the Irish, in my experience; they do not come under treatment as promptly as other cases; but where they are promptly sent to institutions, their recovery follows as soon as with any other class of our population.

My experience is regard to epilepsy, when it has been so long settled, is the same as that of Dr. Ray. In the earliest stages of epilepsy I think recovery possible.

Dr. BROWN, (Massachusetts.) I merely rise to add my experience to what has been said upon the subject of epilepsy, derived from an analysis of some twenty or twenty-five cases treated within a few years. I will give my testimony to the value of the bromide by stating a case which might not be uninteresting; that of a youth brought into the institution having epilepsy, as was noticed by the condition of the skin and the frothing at the mouth. He underwent treatment with bromide for about six months, and he has not had a recurrence for a year last February, except a very slight spasm immediately after a sudden cold. I think the change was effected by the bromide; we administer it in very heavy doses, in order to get control of the patient, say 300 grains a day. The appetite suffered, and the dose was then shut off, and strychnia substituted in part for the bromide; and we are still shutting down less and less every day. His mental condition is improving. I know of three other cases where the spasms had ceased.

The advantage in these cases is, that they are young, and children; they have been feeble-minded from their birth. I merely throw out these facts as a part of my experience in this matter.

Dr. SHEW. I was not present when the paper was read, but my mind has been impressed with the views given. That bromide of potassium is valuable in certain cases, I think we all admit. It is impossible to tell until the trial is made. Brown-Sequard laid down the principle a few years ago, that, in cases of epilepsy with anæmia of the brain, bromide of potassium was not only injurious, but also, if continued any length of time, might cause paralysis. In my own experience I have had one case of paralysis and death, differently resulting from the use of bromide of potassium, although only a few doses were administered. But in the majority of the cases we have had in the hospital, suffering from epilepsy, bromide of potassium has seemed to a great extent to control the paroxysms. I call to mind the case of a boy, who came to the hospital with well-marked paroxysms occurring daily. He has been under this form of treatment during the past thirteen months, and I believe there have been but two paroxysms since January, a period of six months. His general health is improving, on the use of the bromide. In this respect my experience differs from that of others given this evening. I recall no case that has suffered in appetite from the use of this remedy; on the contrary, the appetite has seemed to improve in all cases.

Dr. HILLS. I did not hear the paper read by Dr. Ray. I came in when he was nearly through, and was so situated that I could hear but very slightly. From the discussion of the subject, he seems to have treated upon the incurability of the epileptic insane. As to curability, my experience is entirely with others. I have found no benefit to result. I have never seen a case of epilepsy cured, based upon insanity; I have seen them improve. In regard to bromide of potassium, I simply say, I have not the slightest confidence in it as a medicinal agent.

Dr. WOODBURN. I like the course taken by Dr. Ray in the paper under discussion.

Dr. WICKENS. It would be assumption in me, a mere novice, to pretend to instruct the experienced members of this Association in relation to any matter of this kind. I am here, sir, in search of light, rather than as a dispenser of it. I have listened with attention, and with the greatest pleasure, to the remarks made by many members of this Association. I have felt particularly gratified to hear the question of epilepsy discussed, as connected with insanity; and I feel this the more, sir, from the fact that I have a young friend who is afflicted with insanity, and these violent attacks of epilepsy. It has taken rather a different course, perhaps, from many cases of

that character. He was first attacked in August, 1868, and continued to have them as often as once a month; and finally, by the use of bromide of potassium, they ceased to occur; and from last June to the 15th of March, when I left him, he had had none. There was a general improvement in his health and in his condition, but there seemed to be a permanent impairment of his faculties. His hallucinations have all disappeared, and he still continues under Dr. Shurtleff's treatment, and also continues the use of bromide of potassium. He now goes around the asylum grounds without any person to look after him, and his general health has been very much improved. What will be the final result of the case, of course time only can tell.

In my private practice, I have had a few cases of epilepsy to treat. One of them has had no attack for three years, by the use of the nitrate of silver. He had attacks very frequently, so much so, that he had to have a watchman constantly with him. After this nitrate of silver was taken, as I said, he had no attack whatever for three years. These are the only cases I know of of interest to the Association.

With regard to another part of the paper, in relation to the difficulty of cure in the Irish, it seems to me there is a good deal of truth in what Dr. Ray says on the subject, not altogether as to the cure, or time of cure, but they seem more liable in our country. We have had about 482 cases, which is a considerable number for 600,000 population: 283 were foreigners, of whom 99 were from Ireland, and only 179 were natives of the United States, and twenty unknown. Whether this results from the fact of the inferior orders of the Irish people coming to our country, or whether it is that they indulge more freely in stimulating beverages, I cannot say; but I think it is a matter of fact that fewer cases of that people are discharged from the asylum cured, in proportion to the cases admitted, than of any other class.

Dr. EVERTS. Coming so recently into the specialty, and believing in the habit of making haste slowly, it would be presumptuous in me to enter into a discussion of a paper which involves, not only general principles, but long observation. I wish to return my personal thanks to Dr. Ray for having supplied us this literary work on insanity, and to state, with my present view of the matter, I can only accept his paper as a test and commentary on the subject.

Dr. BROWN, (New York.) Before we proceed further, I beg leave to call the attention of the Association to one present, whom we would like to hear from with reference to this paper. It may

not be generally known, but the gentleman I refer to, (Dr. E. C. Seguin,) is not only an associate, but a pupil of Brown-Sequard, and has probably more knowledge on the subject than the majority of the Association.

Dr. SEGUIN. I am sorry that I can add but little personal experience on the subject of epilepsy. I can only add to what I have heard gentlemen say concerning the bromide of potassium, that I never heard Dr. Brown-Sequard speak of a time when the use of the bromide, in a given case of epilepsy, might be discontinued with safety. On the contrary, I am cognizant of the fact that he has had cases in which the patients had taken the medicine for two years, in one instance twenty-eight months, and that in all these he recommended a further use of the remedy. Dr. Brown-Sequard recognizes that in a few cases the use of the bromide of potassium may prove injurious. Prof. Vulpian, of Paris, has recently reported two cases of a fatal result, apparently the consequence of large doses of the bromide.

A Doctor. What sized doses were given?

I do not recollect the exact size of the doses employed, but I think it was about one ounce a day. At any rate, no dose mentioned by any gentleman to-night, approaches to these supposed poisonous quantities.

While Resident Physician to the New York Hospital, I had some experience in the use of bromide of potassium in *delirium tremens*. We attempted carefully to select the cases; treating by other and various methods, such as were complicated by disorder or lesion of important organs,—liver, kidneys. In the remaining cases, presenting symptoms of cerebral irritation or congestion, the effects of the bromide were very satisfactory; the patients undoubtedly recovering sooner than when treated by other means, or when left to nature's efforts. In conclusion, I think that when there is present a state of irritation in the cerebro-spinal axis, the bromide of potassium is a most valuable medicinal agent.

Dr. GODDING. My position among the insane for some ten years, would lead me to differ a little from the Doctor's views in regard to the curability of the Irish insane. I am inclined to coincide with Dr. Ranney in regard to that. I do not suppose them less curable with the same degree of intellect. In regard to the curability of melancholia, I entertain similar views to Dr. Ranney, and was surprised to see that his views had been modified. I always thought that it was fortunate to have them attempt to cut their throats early, if at all, so far as my limited experience goes.

While I shall differ as to the recovery, it is my right and privilege to return my personal thanks to Dr. Ray, for a paper which will be of value to those who have commenced the specialty, and through which they can have reliable data as they proceed; and when the question comes, "Doctor, will he get well?" we can be more able to answer.

Dr. WILBUR. The paper is scarcely in the line of my practice, except on the single point of bromide of potassium for epilepsy. That medicine I should be loth to give up. Unless I am very much mistaken, it often diminishes the frequency of attacks of epilepsy, and it renders those cases practically cured when it reduces the attacks to once a year.

Dr. GREEN. I am not in good speaking trim, but I feel I should say something. If the discussion of this paper is confined to the legitimate question of our capacity for accurate and reliable prognosis in cases of insanity, and suggestions made by which such capacity can be acquired, it certainly would be a valuable acquisition to us; for there is no question it is more desirable to be able to answer than this: "Doctor, do you think my friend will get well?" or, "How long before he will get well?"

I was exceedingly gratified in the reading of Dr. Ray's paper. It contains a great deal which we must profit by, on investigation. I do not think if I were in a frame to talk extensively, that it would be proper to go into the correctness or incorrectness of the Doctor's views relative to recovery.

As to the subject of melancholia, I have not been accustomed to believe that such patients are less likely to be cured than others; indeed, I have seen results to the contrary. I know of one lady, a resident of Virginia, who was sent on a visit to her friends in Mississippi, and brought by them to be placed under my care. She was confined to her room for six months with the most profound melancholia, and yet recovered. Not more than a month ago, I received an exceedingly interesting letter from her; she has remained sane ever since she was under my care.

As to epilepsy: I have had charge of epileptics for nearly twenty-five years. I have had, during that time, a vast number of those cases under my care. I have seen three that I know did recover permanently, and only three; and in each of those cases the epilepsy had existed certainly not beyond one year. As to the cure of epilepsy after existing so long as to permanently disorder the mind, I have no hope of its possible cure. I have never seen nor read of a well authenticated case which was cured. I have given

bromide of potassium, and indeed have employed every remedy that I have heard or read of. I have given bromide of potassium to a patient for two years; I have never seen the injurious effects that other members of the Association seem to have experienced in the continued use of it in some of their cases. I have noticed a certain diminution of the frequency of the attacks, but beyond that have observed no beneficial result. I have seen a postponement in some cases, and in others not.

I have a man who fell on the floor and broke his leg,—a man who was accustomed to convulsions, certainly once a week, and who had had epilepsy for thirteen years. After he fell on the floor and broke his leg, he had not an attack for two years, and yet it returned without any apparent cause at all. I have noticed the same thing on different occasions, although, perhaps, not for so long a period.

Dr. BROWN, (New York.) This question of prognosis is a most important one to us all, because we all know and feel, that with every patient who arrives at our house, the question as to the prognosis is to be presented almost at the second breath; and we are preparing our minds not to answer, but to evade answering it, because we all know how difficult it is to satisfy our own minds in a recent case—in a case that has not already passed the bounds of curability. The question comes to us in various forms, not only in the ordinary daily performance of professional duties, but also in legal cases, involving appointments of personal guardians and trustees. It occurs to me, perhaps five or six times in the course of a year, to attend upon commissions of lunacy, in which the important question presented to the physician is the probability or improbability of the patient's recovery; the answer to which question is to determine the appointment or non-appointment of a trustee to take charge of the property of the individual. This is always a question of great gravity; and it becomes a very important duty of the physician, to decide in what cases this commission may be avoided for the patient's interest, as well as family interests, and oftentimes for the interests of his creditors. Our lamented ex-president, Dr. Bell, in reply to a question on this subject of prognosis, said to me: "When I had been in the care of the insane five years, I thought I knew a good deal about insanity; now after twenty years' experience, I could not safely predict anything of any insane person." This, I think, if we were to tell the whole truth, would be the confession of us all.

With regard to insanity among children; it has happened to me,

within the last four years, to see the cases of three little girls and one boy, all under ten years of age, cases of great seriousness, two of them involving the usual danger of suicidal acts, while in the other, the little patient was determined to take the life of her infant sister. I am glad to say, in all the four cases, there was, after the lapse of several months, an entire recovery.

A class of patients spoken of by Dr. Ray in his paper, deserves more consideration from members of this Association, than they have hitherto received; the neglect of due consideration of these persons having been attended with very great injustice to many individuals in the country at large. In conversation they manifest, as Dr. Ray says, very little mental aberration, but their conduct betrays absolute insanity. Should Dr. Ray's paper be published, every member of the Association should give that part of it attentive study, and accurately observe all cases of that kind coming under his notice, as they undoubtedly will. The facts in these cases are not sufficiently considered, I am sure.

I have no doubt, that acts are occasionally committed by persons in a state of insanity, who are committed to prison, and often convicted on trial, because their condition of mind is not properly considered and appreciated by medical observers.

In connection with this subject, too, there is another form of mental disease, to which I refer, because it is in my experience very rare, but very interesting, and one which might be properly brought within the scope of such a *resumé* as Dr. Ray has given us. It has occurred to me within the course of four or five years, to see three cases, all still living, and still suffering from the distressing delusion, which I will relate. Two of them are in business at this time; another is so far an invalid as to be confined to his house. He believes himself to have been the cause of death in several instances which he enumerates. Another individual is a member of a firm doing a very large business. He is distressed with the apprehension that he will push persons from ferry-boats, and from platforms of railroad cars. He further believes that he has actually thrown several persons from the boats and cars, and from the ground into the river, and that many lives have been lost in consequence. He is a competent business man, and but few persons are aware of his infirmity. His business requires him to travel much, and he is always accompanied by a man employed by himself, and instructed to prevent his acting on his imaginary impulse.

Another gentleman has precisely the same delusion in its general character. He believes he has caused the death of persons,

without knowing in what way. He thinks it is done in some mysterious manner. In a number of instances where death has occurred among his acquaintances, he has been to the family and inquired whether he was instrumental in causing the death. In several instances he has been laid up and made sick by it. I saw him a few days ago in that condition, because some one had died in a house near by, through his agency, as he thought. I know of another case in which there is the same general belief, but in this case there is not such a profound delusion, requiring companionship and watchfulness, as in the other. It can hardly be supposed in either of these cases, that these persons would be held to be insane, either by the court or the ordinary observer, unless this fact was developed to the satisfaction of other parties. As to the prognosis in these cases, I felt obliged to give an unfavorable opinion.

Dr. RAY. Mr. President, the discussion has run down, rather incidentally, I suppose, to the matter of epilepsy; and since it has come to that, it might be as well to make a little "improvement of the subject;" and that is, to call the attention of the Association more particularly to the remark made by Dr. Gundry, in referring to some of the sequels of pure epilepsy,—a matter which hardly receives the attention it deserves from the profession. I am inclined to the opinion that very frequently after epilepsy has ceased to exist, we find some condition of mind that takes its place. The man loses his temper, or has a disposition to drink, or a propensity to crime. This is a point of great importance.

It has always been a question in legal medicine, within what period before or after a fit, an epileptic can claim immunity for a criminal offence. In cases of this kind, bearing in mind the cases that have been recorded, are we able to fix upon such a period? Is there any time when the epileptic can be considered as clearly free from the pathological effects of his disease? Can he ever commit a crime without being entitled to excuse? At any rate the criminal acts of epileptics should ever be regarded by the expert with great distrust, and receive the most exhaustive investigation. I think he is bound to accept the single alternative either that the patient has entirely recovered beyond the reach of the epileptic disease, or that he is, in some degree of probability, still suffering from it. He is clearly entitled to the benefit of every doubt. With reference to the remark I made in connection with the Irish, Dr. Gundry attributes their incurability to the fact that they do not receive early treatment. Now, in some of the New England States, they

are put into the hospitals as soon as they become insane, and kept there until they die; so the apparent cause for the incurability of their insanity cannot be attributed to that.

One of my remarks respecting depression, was supposed to make a wider sweep than I had intended. My remark was, that depression, *other things being equal*, was less favorable to recovery than excitement. As to the comparative curability of melancholia and mania, I affirmed nothing.

Dr. GRAY. Dr. Ray's allusion to a case of epilepsy, and to the responsibility attached to that disease, reminds me of an incident. A number of years ago, a man was tried for the murder of his wife. The plea of insanity was put in, but the counsel having given their entire attention to the fact of insanity, and little or none to the question of epilepsy, the evidence presented did not warrant the experts in considering the case one of insanity or of irresponsibility, under the evidence. During the progress of the trial, the prisoner had a well marked epileptic seizure, in Court. I sat beside him at the time, and addressed a note to the judge that the prisoner was in an epileptic state, and was unconscious of what was going on. The Court immediately adjourned. No witnesses were examined during this epileptic condition. The jury found a verdict of guilty, but the Court did not sentence the prisoner. He was committed to the care of the asylum by a subsequent investigation before a county judge, on the ground that he had been an epileptic, was then an epileptic, and was therefore probably a person of doubtful responsibility. He remained in the asylum for several years, had epileptic attacks, and became quite demented, so much so that he did not recognize the judge, the district attorney, and others, who called to see him. He subsequently had an attack of fever, in the asylum, and after recovery from the fever, he gained his general health and mental vigor, and at length manifested a condition similar to that which he was in before his epileptic seizures. He was retained in the hospital for some years, but had no return of epilepsy. By the repeal of the law under which he was convicted of crime, and the reenactment of the law in some other form, he slipped out of its power, and was discharged. I have followed the case since his discharge; he has conducted himself well, is earning a livelihood, and as I understand has developed neither epilepsy or insanity since.

Dr. BANCROFT. My impression has always been, in the absence of the official statistics, which I regret we have no more of, that the patient with melancholia has as fair a chance of recovery as

with other forms of insanity. I think this form of disease varies at different times, and comes upon a community somewhat as an epidemic. There are times in which cases of melancholia are brought to asylums more numerous, comparatively, than other forms of disease; and I fancy that at those times there is a lack of vital power to withstand the force of the disease; and that the proportion of recoveries then is less than at other times. My general impression, between the two classes of exaltation and depression, is, that the latter recover as frequently as the former. I have not the statistics to back me up in the position, but I speak from certain convictions which I have learned to act upon when answering these questions which are put by friends of patients.

While up, (I hesitated to speak before on account of the lateness of the hour,) I will refer to the insanity of very young persons. Within the past year, I have had brought to my care two cases, boys, one twelve, and the other thirteen, I think; both with violent acute mania. One boy overtasked the mind in attempting to rise from one grade to another in school, and was taken insane while attending an examination. The other occurred during a religious excitement. Both were very troublesome. I found the little fellows to be very active; they both made very pleasing progress. The student recovered rapidly, and apparently was well, when I gave way to a pressing desire on the part of his parents to take him home in about six weeks after commitment. He was taken home with the strict understanding that he was not to be allowed to study. Going into the water to swim, he became excited, and was returned to the asylum with acute mania, as in the first instance. With some care he again recovered in about two months, and is now well. Both are well. All the cases of acute mania in children, which have fallen under my notice, have recovered, and convalescence has been rapid; that change seeming to be analogous to other processes in the system in youth, as regards rapidity. In regard to the matter of insane epileptics, we have had a large number, and have adopted the usual treatments that have been suggested from time to time. I remember, at the first meeting of this Association I had the pleasure of attending, a very interesting discussion was had on the treatment of epilepsy, and some new remedies were suggested, with great confidence that an effectual remedy had been found for this distressing disease; these remedies have long since been abandoned like others. We have used the bromide of potassium pretty extensively, I confess, with much the same results, namely, some mitigation of the severity or frequency of the paroxysms, but little or nothing more.

No case, I am sorry to say, has been cured, or materially modified in its character, by the remedy, in my hands.

It is my belief, that I have seen as many cases of epilepsy modified,—the force and frequency of attacks diminished, and the general condition improved,—by a simple regulation of the diet, as by any other treatment, bromide of potassium not excepted; hence I come to this conviction, that we have not as yet anything in our hands, which authorizes us to encourage the friends of this suffering class of people with the belief that we can cure them. I have long since made an honest thing of it, to the friends of patients, and said to them, “Whoever has been assuring you he can cure the insane epileptic, generally is wrong; I cannot do it.”

As to the curability of the Irish patients, that can be arrived at only by statistics. I do not know really what proportion of that class have recovered under my observation; I have been, however, very profoundly impressed with this,—whatever may be the proportion of recovery, a question of statistics,—in my hands they have been vastly more crooked and devious in the way of arriving at health, if they did recover; that is the most important impression on my mind in this class of cases.

Dr. RAY. Our literature is singularly deficient respecting this form of insanity. This deficiency would be remedied, if every member would properly record his cases; and, by this means, we should in time have the materials for a reliable prognosis.

The President announced that it was agreed that the Association should meet at a quarter before 9 o'clock.

The minutes of the Association for the day were read by the Secretary and adopted.

On motion, the Association adjourned.

THURSDAY, June 16, 1870.

The Association was called to order at 9 A. M., by the President.

The President announced that the first matter before the Association, was a paper, by Dr. Barstow, on Sys-

tematic Instruction in Asylums, particularly as observed by him in Richmond Lunatic Asylum, near Dublin.

Dr. Barstow then read his paper.

[It will be found in this number of the Journal.]

After the conclusion of the reading, the President announced that discussion upon the paper just read was in order.

Dr. KIRKBRIDE. I do not know, Mr. President, that I have anything more to say on this subject than that it is always exceedingly gratifying to hear of such admirable and systematic efforts to instruct and occupy the minds of the insane; but while listening to that paper, it occurred to me that our friend, Dr. Barstow, had hardly remembered the labors of American physicians in the same direction. I think that Br. Brigham, of the State Lunatic Asylum at Utica, long ago originated the same systematic kind of instruction, and that nearly all the subjects mentioned in this paper, have been thoroughly tried in the different parts of the United States. Excepting the military drill, I believe there has been nothing mentioned in this paper, that I am not myself perfectly familiar with. It is always the habit in our institution to have a certain amount of teaching going on, and we have had this for a number of years. We have companions for the patients, whom we call teachers, and our exercises are systematic. These teachers give lessons, not so much in regular schools, as in smaller classes, and especially by reading and conversation. These matters appear to have been systematized more thoroughly in the institution to which the Doctor refers; but I think he will find them all in several American institutions, and I am confident, without being invidious at all, I may refer to the hospital of Dr. Earle, where the patients are occupied regularly, from early in the morning until bedtime. I merely wish to suggest that, in referring to the admirable arrangements in Ireland, we should not forget what has been done in our own country.

Dr. GRAY. Dr. Kirkbride has alluded to Dr. Brigham. When I went to Utica, in 1850, a system of schools was in operation in the asylum. If any one will consult the reports of Dr. Brigham, he will find that this system was inaugurated there at once by him, and continued by his successor. As an assistant physician, I had to direct the schools. I made up my mind, on looking over the history of cases by Dr. Brigham, and after following his record and my

own personal observations, that it was not on the whole valuable ; that it was not worth the pains and labor that it required, and that a good many of the patients were injured, especially recovering cases. For the simple training of idiots, to which Dr. Barstow has alluded, such a system is undoubtedly valuable. In the State of New York, and in other States of the Union, the importance of systematic instruction of idiots has been so well recognized, that State insitutions have been organized for that special purpose.

The useful occupation of patients and their entertainment, as Dr. Kirkbride has said, is a part of the recorded history of the past quarter of a century of this specialty in the United States.

Dr. RANNEY. During several years we have been partially familiar, in our institution, with this system of instruction and occupation. Gentlemen organized schools in our institution to provide for the elementary instruction, as part of the treatment of the insane, though without knowing minutely and particularly what arrangements existed in other places. Something more than two years ago, we began to introduce into the Iowa Hospital for the Insane, daily exercises and instruction in the elementary branches usually taught in our common schools. At first our success was quite indifferent ; but through perseverance we soon began to find a decided interest was manifested in the common branches, reading, writing, spelling, arithmetic, grammar and geography. One branch after another was introduced, until now we have systematic exercises in all these branches. It is a part of the daily routine of hospital life. Regular exercises are prescribed for the day, and there are evening branches. Patients are divided into schools in accordance with their proficiency ; and there are regular recitations during four evenings of the week. Out of the number about one hundred are now regularly and systematically engaged in these exercises, committing lessons, as pupils do, during the day, with intervals between for out-door exercises and recreation of various kinds, with regular recitations in the evening. This occupies four days in the week. One evening in the week we have a singing school, under the direction of a teacher coming for that special purpose. In all the branches taught, considerable proficiency is made, and the general result is a habit, well-marked. Our system has been productive of better results than I even hoped for, and its value as one of the means of moral treatment is such that I think it cannot be overstated. With us, this effective system is new and somewhat imperfect, yet its trial stages have been so satisfactory to us, that I cannot help thinking, with past experience,

that the future will be attended with more success than we anticipated. I remember in this connection an anecdote of one of the members of the Association, not now present. He was accosted with this remark, "Persons sometimes get well?" "Oh, yes." "Well, do you ever make them better than they were before?" I think, with this system of elementary instruction in our hospital, we sometimes not only send persons home as well as they were before, but really better.

Dr. WALKER. I have no special experience in this beyond amusements. During the past year I understood from Dr. Tyler that he has had teaching, and that it is not a new thing with them there. It probably has not been carried to perfection; but he has gone into this matter regularly in his institution. He has employed regular teachers in music and French, and, I understand, with the most marked success, not only in the results of teaching, but in the general effect upon the patients themselves. The beneficial result has not only been noticed in the case of those particularly engaged in the studies, but upon the patients generally.

Dr. GREEN. I can only say I was much gratified with the paper of Dr. Barstow, and decidedly surprised at the important result alleged to have taken place in the Richmond Institution. I am satisfied that any means by which the minds of the insane can be occupied, can scarcely be over-estimated; and it is a matter of duty to bring to our aid all such facilities possible. I am well satisfied as to the capability of many insane persons receiving quite a considerable amount of instruction. Our own experience in reference to the direct instruction of the insane is quite limited; we have done comparatively little in that way, although so far as instruction has been given, I am quite satisfied with its utility.

Dr. WILKINS. I have listened with a great deal of pleasure, and have been entertained and instructed, not only by the paper read by Dr. Barstow, but with the facts stated by other members of the Association. Like Dr. Barstow, I was not aware that teaching had been inaugurated, as a system, in any asylum in the United States. I was on the lookout on that point in my travels through the country, and although I had seen in one or two of the asylums, reading classes, where the attendants took the task upon themselves, or were directed by the superintendent, but where the exercise rather consisted of reading to the patients, I had seen no case where this instruction had been inaugurated. I am very happy indeed to learn, through Dr. Kirkbride and others, that this system has been inaugurated in some of the asylums of the United States;

and I see no reason why it should not be a very material aid to the patients. And as Dr. Ranney said, in case this is done, they will not only go home as well, but better than ever before. I hope the experiment will be still further tested.

Dr. BANCROFT. The very interesting paper of Dr. Barstow, calls to my recollection a visit, and the pleasure I took five years ago, in witnessing the working of this school at the Richmond District Asylum. I was much impressed with the belief of its usefulness in that place, and I think it may be applicable to a great extent in the United States. I have the impression, however, that, while the principle which underlies the enterprise there is undoubtedly correct, it will have to be especially modified in its application to the condition of the patients in other localities, in order to make it equally useful; and I have no doubt that the different forms of instruction that have already been described here, are themselves simple modifications of the same general principle which the intellectual condition of the patients in different asylums call for. I do not think that we could take Dr. Lalor's school system, applying it to our asylums, and make it do here what it does for them. The mental condition of those patients is a very important element in the success of the system in that school. I think many of the measures for instruction or entertainment adopted among us, are based upon the same general principle.

Dr. Walker has referred to teaching as practiced at the McLean Asylum. I understand they have classes in French, German, music and drawing, which have met with great success, and been regarded as very beneficial to the patients. We have introduced class instruction only to a limited extent. For a year past we have had in operation a school for instruction in vocal music, and so far with good results. A competent teacher is in charge, who commences with the fundamental principles and proceeds through a course of lessons in the same manner, and with the same regularity as in ordinary classes.

Patients who wish, and are in proper condition, join the class; and with them as many of the household as can be spared, and desire to become members. Quiet patients, who do not desire to join in the exercises, are allowed to attend as listeners. This exercise has proved a great relief and satisfaction to them, and has become a regular and permanent entertainment. The public performances of this class have proved a tolerable substitute for concerts formerly given by persons outside the asylum.

Another modification of the same principle we have tried in the

use of the stereopticon,—imparting instruction in a familiar manner on subjects in natural history, travel, art, and the like, in connection with the exhibition of photographs of objects, as subjects of the lectures.

I believe we have open in this direction an almost endless field of benefit for our locality. At the same time, I think, through all the varied forms of instruction which may be adopted, there should be a careful recognition of the individual peculiarities of our audiences. What may be useful in one asylum, may be useless or worse in another. A plan well adapted to the Richmond Asylum could have no application in the McLean. No one scheme of details can be made fit for universal adoption. But I am satisfied that instruction in some form, modified to meet the varied conditions of patients, may be made a leading instrumentality for good in asylums.

Dr. BUTTOLPH. I feel much indebted to Dr. Barstow for his interesting paper. It will be remembered, however, that the classes of patients treated in the Richmond Institution were in some respects peculiar, compared with most of ours, and that the system would, as a consequence, require and receive the needed modification to adapt it to other places and circumstances.

Insanity, in most instances, being but a partial disorder of the mental faculties and feelings, it seems natural that advantage be taken, in its treatment, of any and all means that will favorably influence those least involved in the disorder. Among the means at hand for this purpose are entertaining books, papers, games, &c., and for those whose educational advantages have been deficient, school lessons in elementary branches.

In the large class of chronic cases also in all our institutions, in which there exists a tendency to depreciation of the faculties, in activity and strength, from disuse as well as disease, efforts may properly be made to arouse them to action by the agency of schools, with such modification as the circumstances require.

I think the efforts in this direction made by Dr. Brigham, at one time, of which mention has been made, and by myself at various times, were but partially successful, from not being persevered in, and systematically carried out.

Dr. RAY. I am very thankful to Dr. Barstow for this fruit of his foreign travel. I hope that the excellent example will be followed by all the brethren who have the same opportunity. I am glad that the attention of the Association has been called to the subject, although instruction in our hospitals is no new thing. I doubt

whether it has been utilized in the highest possible degree. We all know how hard it is to lift our patients out of vacuity of mind which so many present. We provide labor for them, but many are unaccustomed to labor, and it is difficult to get them to engage in it. We provide amusements, but many are not accustomed to amusements, and do not care to engage in them readily; and the result is not satisfactory. Now, teaching is a matter which would occupy a little time, and profitably; and therefore is a means of occupation not to be despised. It strikes me that in every institution, and certainly in every large institution, material can be found, and usefully employed in some exercise of learning, to be adapted, of course, to the circumstances of the case.

We cannot do here exactly what they do abroad, because the social condition of the patient is quite different. In the Richmond Asylum it is easily seen this system can be applied to a far greater extent than is possible in our institutions. Having but little land, and consequently with little opportunity to work out of doors, they are enabled to pursue a more systematic course of instruction. Here a large number of patients can be employed out of doors, and this labor interferes with instruction. With female patients this system would have much more material to work upon. I dare say that some inconveniences may be experienced from school-teaching, but it must of course be done judiciously. I can conceive of patients put into the school, and stimulated to use their minds beyond the rightful limit; but this is no argument against the practice, any more than it can be an argument against labor, that some have been harmed by being sent into the fields to work.

Then, too, abroad, where the education of people has been neglected, they are more ready to engage in these elementary school exercises. There is a different interest in the matter manifested by the French and Irish. I observed in Paris, several years ago, in the Salpêtrière, that instruction was confined almost entirely to very simple elementary branches, repeating in unison some simple melody, or little ballad, some mottoes, and even, I think, the alphabet, and counting. Now you could hardly get up interest enough in one of our hospitals to do that, although it was the source of a good deal of interest there.

Dr. GRAY. I would ask Dr. Ray if he ever formed a school in his own hospital?

Dr. RAY. In our institution, we never had a sufficient number to be able to get up a school, but I suppose there never was a time when somebody was not studying something, and something that

happened to be suitable to the case in hand. I think that sometimes it was very beneficial.

Dr. GRAY. That was the very point I wished to draw out in regard to the experience of Dr. Ray. I thought the experiment of schools, as a part of the system of treatment, at Utica, was unsuccessful; or rather, that a different mode of mental occupation, with more variety, was superior to a simple school, and better adapted to the patients. Dr. Brigham gave great attention to schools, as his reports show, and introduced a small library, newspapers, theatrical performances, music, fairs, &c. Experience led me to substitute for the schools more books for general reading, and more newspapers, and the editing and printing of a periodical by the patients. I found newspapers so much more acceptable than anything else, that at length we made an arrangement with the daily papers in Utica, for the purchase of their exchanges, and we are now able, at a small cost, to furnish a large amount of acceptable reading matter. We continue this now with great satisfaction to the household. I regard the remark of Dr. Ray, that the patients, in the institution he formerly presided over, were nearly all able to read and write, and therefore schools were not so useful, as applicable to most of the asylums in this country. I know we have but few patients at Utica who are unable to read and write, and I presume in most of the asylums not over half a dozen at any one time would be found in the condition of those described, as attending the schools, by Dr. Barstow.

(In answer to a question by Dr. Gray, Dr. Kirkbride said there were eighteen pianos in his institution.)

The PRESIDENT. In order that the Association may carry out the arrangements of the Committee on Business, the time has arrived for the Association to adjourn temporarily. Those present will take the carriages at the Allyn House; from thence they will be driven to Mrs. Colt's mansion, there to spend some time in viewing the premises, and the different apartments of the house, including the picture gallery; the party will then be conveyed to the Church of the Good Shepherd; from thence to the armory of the late Col. Colt, and witness the firing of the Gatling gun.

At three o'clock this afternoon carriages will be ready to take the members of the Association, and their friends, to the Retreat for the Insane. As the report is not out, it may be well for me to say one word in explanation. Within the last two years, the Board have expended between \$120,000 and \$130,000 in reconstruc-

ing the Retreat. The plan is not yet finished. We have endeavored to do the work well; we have not covered it up with white-wash and sham, but leave it as it is. We expect the time is not far distant when the entire plan will be carried out in all its details.

On motion, the Association adjourned, to meet to-morrow morning, at 9 o'clock.

Immediately after the adjournment at 10 1-2 A. M., the members of the Association, under the direction of Dr. Butler and the Managers of the Retreat, proceeded to visit the beautiful residence, grounds and picture gallery of Mrs. Colt, partaking of a beautiful collation; then to the Memorial Church of the Good Shepherd; and subsequently, under the direction of Gen. Franklin, inspected the armory, and witnessed the operation and firing of the Gatling gun.

At 3 P. M., the members visited the Retreat for the Insane; spent the afternoon under the conduct of Dr. Butler and his assistants, in examining the grounds and improvements of that excellent institution; attended the reception of Dr. and Mrs. Butler, and subsequently that of the Managers of the Retreat, enjoying their elegant hospitality.

FRIDAY, June 17, 1870.

The Association was called to order at 9 3-4 A. M., by the Vice-President, Dr. Nichols. The minutes of yesterday's session were read and approved.

THE VICE-PRESIDENT. When the Association adjourned yesterday morning, it was discussing the paper read by Dr. Barstow, giving an account of the system of instruction in an institution for the insane, in Ireland. Opportunity will now be given for further discussion of Dr. Barstow's paper.

DR. HARLOW. I was interested in the paper. In our institution, we have no systematic schools, except in music, which has been

very entertaining and profitable, and I believe somewhat similar to that spoken of by Dr. Bancroft, as existing in his institution. I fully concur with gentlemen in the importance of some effort being made to employ the inmates in that kind of amusement and instruction. We labor mostly to have our inmates employed out of doors, when they can be, on the farm, or in the garden; but when they cannot be there, I believe that it is profitable to have in-door amusement, as that contemplated in the paper.

Dr. CHOATE. I should regard any means of education introduced into our asylums, as beneficial, simply if it added opportunities only for agreeable employment. I think we should eagerly take anything in relation to these means. I have introduced instruction and entertainment at times; particularly music, and also instruction in military drill. I find all these things succeed very well at first, but very soon the interest flags. It seems to me, we require a succession of forms of amusement: they are mostly participated in by the old cases,—indeed I think they are of no advantage to acute cases. After a while the novelty ceases, and they need to be interested in something else.

One item of Dr. Barstow's paper struck me forcibly; and that is, that a discipline was kept up by rewards and punishments in these schools. The rewards are very well understood; but punishment is something new to us as Superintendents. If he were here, I would like to inquire what those punishments were.

Dr. JARVIS. I have nothing further to say, than that I believe employment is much needed in our hospitals.

Dr. BROWER. A school has been in operation at the Eastern Lunatic Asylum of Virginia, for the past four months, and we have seen sufficient to satisfy us that it is a valuable addition to the means of occupation already in general use. The exercises are confined to the female department, and occupy about four hours of the day. We have several patients in the institution who cannot read nor write, and to them especially the school is a source of great pleasure. We have seen decided improvement in several of the patients that attend the school.

The same discretion, of course, must be used with this as with any other occupation.

Dr. PARSONS. I very fully concur with the views expressed by Dr. Choate, on this subject. The great desideratum is not so much instruction, as an agreeable, and, if possible, at the same time a useful occupation for the body and the mind. Listless, monotonous inactivity, is the bane of asylum life. Anything that will diminish

this inactivity is a boon, whether it be study or labor. Each superintendent must decide for himself how best to attain the great end desired, taking into due consideration the character, attainments and social position of his patients, and the means at his disposal.

Dr. EARLE. The remarks of Dr. Parsons, concurring in the views of Dr. Choate, have, in some respects, given my views upon the subject. We cannot expect to *educate* the insane to any considerable extent. The object of schools and instruction must be the same as that of most other branches of moral treatment,—the furnishing of mental occupation, amusement and entertainment, and the attainment of discipline and self-control. As stated yesterday, by Dr. Kirkbride, Dr. Brigham was the first to establish a school in any hospital in this country. Very soon afterwards, being then at the Bloomingdale Hospital, I adopted the measure, and had a school held regularly. I think it was opened in 1845. A room was devoted to the purpose, and a man employed as teacher. He took the patients in by classes, and instructed them in the ordinary branches of an English education. It was continued for some time; I think a year; but I do not now remember how long. I intended, when it was begun, to make it a regular part of the means of moral treatment; but, as I had no assistant physician, it was relinquished before I left the hospital. I think that the number of persons who attended it, was left upon record. I made a book of discharges, in which there was a column for the fact whether the patient had or had not attended the school. I was very well satisfied with the school as long as it existed; and it was not relinquished because of any failure as a means of moral treatment. I think the time will come when instruction, in this way, will be a part of the means used in all good hospitals for the treatment of patients.

Dr. GUNDRY. I express my satisfaction at being permitted to hear the paper, and I wish the example might be followed by all those who have opportunities for going abroad,—especially by giving a paper referring to one subject, and stating the details of its mode of operation in different institutions. I also agree very cordially with what has been said as to the principle underlying the treatment of the insane, but I cannot keep thinking that it has two sides. It is a very sharp-edged tool: it may cut both ways. Great care and discrimination should be exercised in the introduction of any method by which the principle is to be carried out in an institution. I cannot believe that the same measures should be applied to every institution. Take my own institution, where I

suppose at this moment I have not twenty Irish patients, and where a large proportion of my foreign patients are Germans. You see at once the Germans who come to us do not require to be taught as the Irish, who do not go to school in this country, on account of their religious prejudices. You cannot compare them with German patients, who are generally well educated, so far as elementary branches are concerned. You hardly ever had a German brought into one of these institutions who has not already received some instruction, up to and through the common rules of arithmetic, and sometimes beyond that. You see, then, the difficulties which underlie the principle of this matter. You see how difficult it would be to lay down any rule which would be applicable to every institution. But I can see that the instruction ought to be adapted to the requirements of the locality.

Dr. Baneroff's idea of a singing school, is perhaps one of the pleasantest to keep all together, and amuse the number present; butt here is a difference in superintendents as to the appreciation of music, and that will render it difficult to carry it out. Of course that kind of instruction can only apply favorably to persons who will not be well for years, and not to an acute case, who is expected to tarry but a few weeks or months. It is absurd to unite them in the training. After he is ready to go home, then he will participate; certainly you would not classify for his benefit. On the system of schools, Dr. Ranney reported favorably. Dr. Gray reported generally unfavorably, with the same sort of methods. Dr. Kirkbride, I suppose, is pretty certain it would work with a certain class of patients, while another, so far as his experience goes, is fully carried away with it. I have no doubt that in certain classes of cases it would be a beneficial thing. You recollect of a great linguist, who, speaking of great sorrow, recommends the study of a new language.

But in cases of mental disorder, some with no study and cultivation at all, and all with different degrees of education, you cannot establish a school without a great number of classes, adapted to their peculiar wants. It is like a great many things,—successful in theory and charming to the visitor; but a man who dwells long with the insane knows the disadvantage of it. Everything new should be carefully weighed. There is no new system, and no new course of education, but what at first sight presents a great many advantages. I am inclined to think that we are too apt to run off upon this sort of schemes; that we are too apt to be led off in our care and treatment of the insane. We should leave the old course

very carefully, and bear in mind that our first duty is the care and treatment of these diseased persons. If we can add, by subsidiary means, we may do so, but we should not make subsidiary means the chief plan. We should look forward, I think with great care, and bear in mind that we are not moral or intellectual educators; and, as we move along, "let us prove all things, and hold fast that which is true." I think that in all these things we should be guided by that.

Dr. EARLE. I agree with Dr. Bancroft. To my mind, the simple question is, whether this plan of instruction is useful or not useful. The plan is not to be condemned because of the difficulty in carrying it out. The diversity of our institutions is such that it will be more difficult in some than in others; but the same is true of any other branch of moral treatment. We must have something to relieve the monotony of the halls. We want to get upon the right road to the mental improvement of our patients. How shall we do it? Try everything, and stick to that which is good. I do not suppose that any one is going to take cases of typhomania, or of raving mania, into the schools. But classes are to be made up of such patients as are adapted to them, and to whom this exercise will be useful; and I believe that the proportion will be pretty large, where there are so many chronic cases as there are at Northampton. I believe the school is also adapted to a considerable number of recent convalescing cases.

When the paper was read yesterday, it struck me that the percentage of patients, which I had in the school at Bloomingdale, was larger than that at the asylum in Ireland, as mentioned by Dr. Barstow.

Dr. GRAY. I hope that any remarks I have made will not convey the idea that I am opposed to the inauguration of schools in any asylum. What I desire to impress, is, that taking the large record of my predecessor, who favored schools, and my own personal experience and careful observation, I did not think that schools there paid for the trouble. I thought this at the time; and I believe now, after years of experience, that we have been able to occupy the same class of patients better in other and different ways.

Dr. RANNEY. I would ask if I understood properly, when I understood Dr. Gray to say that he thought in the experience at Utica, it was injurious; that is, the experiment made under Dr. Brigham and himself.

Dr. GRAY. I stated I had seen cases in which I thought the practice was injurious.

Dr. RANNEY. I would ask Dr. Gray if he will particularize cases in which he has seen injurious effects?

Dr. GRAY. I mentioned convalescents who had not fully recovered, and whose brains required rest rather than occupation in systematic study.

Dr. RANNEY. I have no doubt that his observations were correct. I suppose that would not be an argument against the use of these schools, which I think can be made practicable of course. I think it would suggest itself to anybody here that discrimination should be exercised, as Dr. Earle suggested; no one would think, and no one would try, to interest a raving maniac in any system of instruction. It seems to me that Dr. Gundry's observations would apply equally well against the use of the magic lantern, or any system of lectures or readings that Dr. Earle said were introduced so successfully at Northampton; for many persons listen to the magic lantern lectures of Dr. Earle. Yet I think it will not be an argument against the organization of these schools.

Dr. GUNDRY. The tenor of my remarks may lead some to suppose that I am opposed to all sorts of instruction; but I am opposed to substituting for what Dr. Earle calls the monotony of the hall, the monotony of the school. I think their capabilities should be instructed by drawing, amusements, &c.,—not systematic, but by indirect approaches,—for chronic cases, it is understood. I think it is impracticable, as well as unwise, to organize schools of the same nature and character in every locality and every hospital.

The VICE-PRESIDENT, (in the chair.) It has been suggested to the Chair that the views of Dr. Brown, of Barré, Mass., on this subject, would be of interest and value, as he has long conducted a private institution for the training of idiots and imbeciles, and has much practical knowledge of weak and defective, if not diseased, brains. If you are disposed, Doctor, to express your views upon the subject under discussion, the Association will be glad to listen to them.

Dr. BROWN, (of Barré, Mass.) I have been, as a listener, much interested in the papers and discussions of the Association, and the reading of Dr. Barstow's article gave me a great deal of pleasure; because it accorded with my own ideas and experience as to the treatment of minds diseased, on the principle of real instruction, and exercise and occupation of those faculties of intellect and reflection not prominently affected, or deficient in power from the disease.

At our institution for the feeble-minded, we of course make edu-

cation and training the primary thing and daily object of effort in schools and gymnasiums, as well as in all the arrangements of the place; and it seems to me that a considerable part of this same system of education is entirely applicable to a large class of insane in the hospitals of the country, especially the chronic insane; and I am happy to know that in some hospitals it is applied, and the results have been given in this discussion. The great idea, it seems to me, in hospital efforts in this direction, is, as Dr. Earle very forcibly expressed it, to get rid of the *ennui* and listlessness of the wards, by any and every means not injurious to the patient. And now what can do this so well as organized systems of instruction, suited to the capacity and intelligence of the class? I have from time to time been much edified, in going through the Northampton hospital, as well as several others in our vicinity, to notice how well they succeeded in interesting and occupying their patients by change of occupation. In our own establishment, it is a cardinal principle, that there shall be activity always of one sort or other, allowing no listlessness that can be possibly overcome in a proper way, by change from real business to very varied amusements, from one thing to another, everything that can occupy the mind properly; and, by long continued effort in this way, the feeble mind, guided and taught by the superior mind, we have many happy results of treatment, in persons of capacity sufficient to go about town, do errands, assist in all the light labor of the place, persons capable of earning a living in society.

Some, who were with us as dependents, and with no relation to the world but as consumers, are now filling responsible positions, with credit to themselves, and are successful in the business relations of the world. One is mate to a ship between Boston and Liverpool; another, who left us a few years ago, is said to have made twenty thousand dollars as a western farmer, is married, has children, and is as well as most men. When he came to us he was as good as nobody. At sixteen years old, had been examined by several superintendents of insane asylums, and pronounced not insane, but feeble-minded. His improvement was at first very slow, and he required careful regimen and some medical treatment.

Dr. EARLE. Was he a person who might be called a natural fool, and not insane?

Dr. BROWN. We do not use that term at all at our institution.

Dr. EARLE. I think there is one in the specialty who does use that term, Dr. Howe.

Dr. BROWN. I do not adopt all of Dr. Howe's views, much less some of his language.

Dr. EARLE. My object was to get, if possible, at the exact state of mind, taking the views of Superintendents of hospitals for the insane. Is he, or was he, an idiot?

Dr. WALKER. Was he not of feeble mind?

Dr. BROWN. Yes, sir.

Dr. GUNDRY. Do any of these persons coming to you give evidence of having had any education previously?

Dr. BROWN. Not generally.

Dr. GRAY. I would like to ask if the Doctor has treated children, or sick persons, laboring under insanity?

Dr. BROWN. We have had cases developing insanity, and have sent such to insane asylums.

Dr. RANNEY. Are those persons capable of being taught, or educated in common schools?

Dr. BROWN. Many of them have been sent to schools of some sort, but found incapable of application and education.

Dr. WALKER. What are their personal habits?

Dr. BROWN. Very varied as to cleanliness of person; occasionally some bad habits have large influence upon them.

Dr. SHEW. I am personally acquainted, and have been for several years, with one of the pupils now under his care: was considered feeble-minded and almost idiotic from birth. When this girl had arrived at the age of eight, she was sent to the ordinary schools, and kept at study for several years, without making any perceptible progress. Under Dr. Brown's treatment for the last year, she has made very great progress.

(Dr. Parsons asked a question about the size of the brain.)

Dr. BROWN. I cannot give you the exact measure, but it was probably about the average. I do not know that I ever had one where the head was very small; we have but few under size. It is not the form or shape of the cranium that is an index to the condition of the mental qualities. In passing through our school you see very few abnormal heads.

Dr. GUNDRY. I would like to make an enquiry, the distinction between idiocy and insanity? I do not suppose there is any difference at all as to the propriety of developing the mind that is not developed. It is generally not large enough. The question I take it, that we are discussing, is, the application of education to the mind that is perverted by disease, and not the mind that is clear, or the mind that has always been impaired.

THE VICE-PRESIDENT. I think so, Doctor.

DR. GUNDRY. I do not think any of us doubt the good effects of that institution in the education of idiots; but they are built for feeble-minded persons, whose minds, for some reason or other, were stunted.

DR. EARLE. Is it not, in one case, the development of a mind that has never been developed, the bringing into action of the mind that has been defective from birth? and, in the other, the development of a mind which, if I may use the expression, has become enveloped? which has been rendered torpid by chronic disease?

DR. BROWN takes one case, and I take another. He has one created so, and I have one who has become so from disease.

DR. KIRKBRIDE. From the reading of Dr. Barstow's paper, it seems to me that a large part of the school exercises that are used in Ireland, are exactly what we employ in our institutions for feeble-minded children, and are rather more calculated for that class than for even the ordinary demented insane. I should think from what has been said by persons who have visited those institutions, that their patients were composed of a very unusual number of congenitally demented or idiotic people, rather than those who have had the use of their minds, and had lost their reason.

THE VICE-PRESIDENT, (Dr. Nichols.) Before this paper is laid upon the table, I desire to say a few words upon the subject to which it relates, deeming it one of very great importance to the welfare of the insane. I will, however, detain the Association but a few moments, as this discussion has already extended to a very considerable length.

The views that have been expressed here to-day, in relation to the employment of the insane, appear to have been founded, in the main, upon experiment and experience. The discussion has been empirical in its character.

Now experience is the safest guide in many cases and upon many subjects, but in this peculiar case, unless our practice is based upon a careful consideration of the cerebral conditions of our patients, we shall be liable to do them more or less harm, if we are not guilty of inflicting actual cruelty upon them. What is the theory of insanity which we hold in common? It is, in brief, that the mind is deranged because the brain, the organ of the mind, is disordered. Insanity is, then, a physical disease, after all. The disease of the brain is generally functional, and sometimes appears to be purely so. Sometimes the disease is organic from the start; but, if not, it sooner or later becomes so in almost every chronic case.

And here it seems proper to refer to the correct and important distinction made by Dr. Earle, between idiocy and dementia from disease. The mental conditions are often similar, but the cerebral conditions are entirely different; and the treatment that is applicable to one case is entirely inapplicable to the other. A naturally weak brain may be strengthened by judicious exercise and training, but not one that is laboring under much active disease of any form. On the contrary, you may push functional disease to organic, and mild, curable derangement, to furious, exhaustive madness; and the brain you are inflaming being out of sight, you may not suspect the mischief you are doing, unless you bear constantly in mind the disordered and irritable condition of that very delicate organ.

I think it hardly possible to exaggerate the importance, to the welfare of the insane, of agreeable and harmless occupation. It is generally essential to appetite and digestion, to sleep and to bodily health and mental recovery, but not always. Some patients need to be secluded in dark rooms, out of the way of all *stimuli* to mental activity, before sleep can be secured, and exhaustive mania arrested. It is, therefore, the very necessity of mental and bodily occupation that renders it of the utmost importance that its liability to be abused, should be deeply impressed upon the minds of those upon whom rests the high responsibility of directing the treatment of the insane.

It seems to me that such exercises as are usually denominated *schools*—institutions for imparting and acquiring learning—are not to any great extent adapted to the discipline and occupation of the insane mind. I agree with the views expressed by Dr. Gray upon this point,—that schools are better adapted to advanced convalescents, than to any other class of patients. If you see fit to call a collection of patients engaged in reciting familiar prose or poetry, or mathematical tables in concert, or in singing familiar hymns in concert, or in listening to reading, a *school*, then I see but little if any harm in it, and think there ought to be more such schools than there are, for occupation is probably at this day the great lack and desideratum of American institutions for the insane. Exercises that call the imitative faculty into play, are very suitable, because the mental tax is very slight, and quite dull, as well as somewhat excitable, patients can be induced to engage in them.

Light gymnastics, practiced in concert, with music, as is done under Dr. Kirkbride, or walking abroad in military order, with music, as practiced by Dr. Choate, seem to me most appropriate

exercises both for quiet chronic cases and for convalescents. However, though a large majority of the insane may engage in such exercises as I have mentioned, with great benefit, there is many a case that would be thrown into a fit of maniacal fury, if the attempt were made to compel the patient to swing his arms in concert with his companions and attendants, or to march with them to the sound of martial music. But to expect a brain suffering from a general disease like that which occasions mental derangement, whether the malady be organic or organic and functional,—to *study*—to labor to acquire new ideas—is equivalent to constantly thrusting a probe into an inflamed wound, or the active use of a diseased muscle. *Work* is violence in either case, and neither the brain nor the muscle will heal without rest.

Dr. RAY. Do not labor and amusement require mental exercise?

Dr. NICHOLS. Without doubt they do, but the mental exercise involved in labor or amusement is generally of the lightest character. I mean, however, to apply the principles I have briefly expressed, to the regulation of the occupation of every case of insanity, whether it is proposed to have the individual engage in manual labor, amusements, or schools.

Dr. RAY. If labor is applicable, why may not schools be applicable to certain patients for the same purpose?

Dr. NICHOLS. They undoubtedly are, but the range of their applicability appears to me to be much more limited than that of manual labor. But patients should be put to work with a very careful reference to the condition of the brain in each case, and the effect of the exercise both upon the body and mind closely watched; for with every care mistakes will sometimes be made, and the patient's brain prove too weak or too irritable for the slightest exertion. Patients should, I think, be set to mental labor with still more caution, because the burden of the exercise is laid directly upon the diseased organ, which is more likely to suffer than from the lightest of all mental exertion, that required to direct the hands in some simple and familiar employment.

Dr. EARLE. In the case of the bruised muscle, does not the time come when it is very important to use it?

Dr. NICHOLS. Undoubtedly, when the cerebral disease has subsided, if the attack has been violent, or protracted, the brain is often found to be in a weak and inert condition, and passive exercise is needed; as in the case of the bruised muscle after the soreness has left it, until it acquires the strength requisite to act for itself. I do not at all doubt that dementia is often prevented by

proper mental exercise, enforced at the proper stage of the case. If convalescents could be kept as long as they might be benefited by treatment, they might not only attend schools, and make positive advances in useful knowledge, but have their habits of thought and feeling materially modified for the better.

Allow me to add, in conclusion, that it has long seemed to me that if the insane of this country are ever to receive all the advantages desirable from occupation, this very important branch of their treatment must be conducted on principles quite different from what has hitherto been the case. The expressly voluntary system must be abandoned. If it is considered necessary for a patient to have a dose of medicine, we don't ask him whether he will take it or not, much less tell him he may do as he pleases about taking it; but we direct it to be given him, and in nine cases out of ten he takes it without any resort to coercive measures, as a matter of course, or from the force of the custom for patients to take what medicine the doctor prescribes. If he is indisposed to take it, and hesitates, his hesitation can generally be overcome by persuasion. If not, we proceed to force him to take it. So of food. Now, can any sufficient reason be assigned why our practice in respect to occupation as a part of the most successful treatment of the insane, should not be similar to that pursued in their medical treatment? Let it be the rule and practice of the institution, for each patient to engage in such occupation as the physician in charge deems suited to his habits and state of disease, and I am satisfied that at least half of the difficulties at present experienced in the employment of the insane, will vanish. In the very nature of things they can never be wholly overcome. It will long, if not always, be more difficult to employ the insane of this country, than those of most foreign countries, where all classes more readily yield personal obedience to official and other superiors than Americans do. It will always be more difficult to induce the rich and educated classes to engage in useful occupation, than the agricultural and laboring classes; but much more than has hitherto been done in this direction can be accomplished if it be considered a settled principle, as it certainly should be, that it is the right and duty of every superintendent to have every patient engage in some labor or amusement who is likely to be benefited by the exercise. If a patient stands out against labor to the last extremity, it will not prove as easy to force him to work, as to force food or medicine into his stomach. We cannot put a hoe into his hands, and compel him to use it properly; and the most persevering efforts to

induce an able patient to work will sometimes fail; but I am satisfied that a deep, earnest sense of the importance of occupation to the insane, will overcome very many difficulties that would otherwise appear insurmountable; and that a great majority of those patients who have been accustomed to labor, and are in a fit condition to work, can be induced to engage in some useful employment.

It was wise in the fathers of our specialty to put labor upon the strictly voluntary footing that they did, their motives having been, without doubt, to give the public the idea that the administration of the new institutions was not to have any of the harsh and punitive features of the old mad-house, or of jails. But now when there is a general confidence that the treatment pursued is kind and forbearing, and when, however the friends of the individual patients may object to their working, the idleness and listlessness that have prevailed in our wards, is regarded by the public as the reproach of our institutions, it becomes both a necessity and duty that we should take a new departure from this point, and make the occupation of the insane a part of their regular treatment, putting it upon precisely the same footing in respect to the will of patients that we do their medical treatment, nourishment, personal cleanliness, &c. Of course all opposition to the will of the insane should be made with the least practicable show of coercion.

DR. BANCROFT. I would ask if very frequently the probe that is puncturing the wound is not necessary to remove the morbid state?

DR. NICHOLS. In reply to the question of Dr. Bancroft, I will say that my ideas on that point are very clear to myself. Whether correct or not is quite another thing. Without indorsing the details of the phrenological system, it is evident to me that many cases of insanity either involve the functional disturbance of a portion only of the brain, or one of the many modes of action of the whole organ; and that in a large majority of cases, of active mental derangement, it is essential to their most prompt and successful treatment, that the healthy or healthier parts or functions of the brain should be called into exercise, and the *rest* of the part or function involved in the mental disturbance promoted by every practicable means. How this can best be effected, I need not undertake to tell the gentlemen whom I address; but I have no doubt that the more constantly, any remaining healthy function of the brain, in a case of insanity, can be kept in exercise, without fatigue or loss of sleep, the more, as a necessary consequence, the disordered

function will be suspended, and the better the patient will do. Of course I refer to insanity in its active forms, when the shock of a severe attack of mental disease has passed off, the brain, as I before stated, sometimes seems to be in an inert condition, and the mental processes are dull and feeble. In this condition the mind requires some external stimulus to arouse it into activity, and may be likened to an indolent sore that requires the stimulus of the probe to make it heal.

On motion of Dr. Kirkbride, the paper of Dr. Barstow was then laid upon the table.

Dr. KIRKBRIDE. Before proceeding to the reading of another paper, I beg leave to make a remark or two in reference to the reception of the delegate from the American Medical Association at one of our previous meetings. When that gentleman was introduced to our members, and his credentials read, it seems no opportunity offered for him to make any remarks in regard to his mission, and his views in reference to the two Associations. He has now been with us throughout our different sessions, and has seen more than previously of our mode of transacting business, so that we should feel, at least I feel, that the Association would be glad to hear from Dr. Atlee on the subjects referred to. I need scarcely say to you that Dr. Atlee is not only a distinguished member of our profession, but has for a long time been an active and efficient manager of one of our largest State hospitals for the insane, and has always taken a deep interest in the subject of insanity. I make a motion that the delegate from the American Medical Association be invited to address this Association, if he is so disposed, in reference to his mission, and his present views in regard to any more intimate connection of the two bodies.

The motion was agreed to.

Dr. ATLEE. I did not know, sir, until a very short time ago,—only last evening,—that I would be called upon to make any remarks upon the subject. I had intended, if opportunity offered while I was present at the meetings of the Association, to make some observations which I thought might lead to a proper understanding between the Association which I have the honor to represent and this. I presume the object of the gentleman, in making the motion he did, was that I should express an opinion in regard to the propriety of a union of this Association with the American Medical

Association. I am free to say, sir, when this came up before the American Medical Association, and the section on psychology was established there, I thought it would be much better if you would unite with us and coöperate with us directly. This is the first meeting of Superintendents that I have had the honor, as well as the very great pleasure to attend, and the more I see of it the more I see the necessity and the advantage which would result from a separate organization.

Unfortunately for us we do not, perhaps as you do, sir, adhere strictly to the exact duties which devolve upon us when we meet together. A little too much time, perhaps, is devoted to amusement, and a great deal too much, as experience has recently shown, is given to squabbings and discussions arising in localities, and which ought to be settled in those localities before they are brought into the American Medical Association.

It was, at one time, supposed that too much attention was bestowed to make our meetings pleasant and agreeable; and the improvement of the profession was made a secondary consideration. In order to do away with that, it was resolved to meet every two years at Washington for business and scientific improvement, and that the alternate year be set apart for visiting the principal cities throughout the United States, and giving members an opportunity of accepting and enjoying their hospitalities. Well sir, it has been tried for two periods at Washington, and I do not think, sir, so far as my experience goes, that any special benefit has resulted. Now, sir, the way in which I view the matter is this; there is no disease in the catalogue of diseases that escaped from Pandora's box, which affects the happiness of social life so much as that of insanity. It seems to me to be the worst and most terrible disease with which human nature can be afflicted. When I say this, I speak from very sad personal experience, as the gentleman who introduced me to-day is well aware. I believe, sir, that the physician who devotes his time to the subject of insanity, has no time for anything else; and I hold that the whole powers of his mind,—as a psychologist, as a surgeon and as a physician,—should be devoted to the care and cure of these unfortunate people. I also believe, sir, that the experience of no one man, as the debate of to-day shows, is sufficient to give to the profession at large so much information as results from the united experience of this Association; and, viewing it in that light, I feel that you cannot affiliate with us and do justice to the subject which you are bound to treat. It is impossible you can go into the section of psychology at one of the meetings

of the Association, and have time for full and proper discussion. There certainly is not time to devote to this subject. The morning sessions are taken up by the current business of the Association; in the afternoon the Association is divided into its several sections. Now, sir, you want all the time of the three or four days of the meeting for the discussion of insanity and its collateral subjects alone; and I do not see how it is possible to do justice to yourselves, to the community, and to the specialty you represent, by having direct connection with us. You do more good as you are now, and I hope you will remain so.

I feel exceedingly obliged for the opportunity of expressing these sentiments, for I think they are the sentiments of those most experienced in the business of the American Medical Association. I shall feel it my duty at San Francisco next year, if I am permitted to be there, to make a report of this kind; and I hope I may bring the Association to the views I entertain. I think the subject too important to be handed over to a branch of an Association like our own. We have enough to do by devoting our time to the other departments of medicine, without including the subject of insanity, which ought to occupy exclusively the attention of those physicians who have charge of institutions for the insane. I repeat, I feel very much indebted for the indulgence you have shown me, and I thank you for your attention.

The VICE-PRESIDENT. I feel quite sure that every member of the Association has been deeply interested in the remarks that have just fallen from Dr. Atlee, the distinguished representative at this meeting of the American Medical Association. It is exceedingly gratifying to me, and I doubt not it is so to all my associates, to find that his views, evidently well considered in respect to the inexpediency of merging this body with that which he represents, accord entirely with the position the Association occupies on this question, with entire unanimity, I believe, and from a sense of duty to the great cause it aims to serve. The views he has expressed will be as useful at this juncture as they are highly important. I also feel certain that the Association highly appreciates the generous sentiments Dr. Atlee has seen fit to express in relation to the dignity of this body, the importance of its deliberations and its usefulness.

What action will the Association take upon the subject of Dr. Atlee's remarks?

Dr. KIRKBRIDE. I do not think it necessary, Mr. President, to take any special action in regard to what Dr. Atlee has said, but

we must all agree with you, in reference to the importance of the views he has expressed. Most of us know that for several years past there has, now and then, been great surprise expressed, in certain quarters, that we were not willing to be merged into the American Medical Association. While we have endeavored to show that we feel the deepest interest in everything connected with that body, and the highest appreciation of its character and usefulness, we have never entertained a doubt but that it was to our interest and to the best interests of the insane, that we should maintain our separate and independent organization. We have never had any doubts on this point, and when, through the courtesy of the American Medical Association, it has on several occasions sent delegates to us, my impression is, that generally they have felt much inclined to believe we were right, after attending one of our meetings, and seeing how difficult it would otherwise be for us to pursue the course we have always believed to be important.

Dr. Atlee understands all this better than most others outside of our Association. He has had the best opportunities for examining the whole matter, and his observations and conclusions are particularly valuable, and it seems to me will settle the matter permanently. We must all feel under obligations to him for his remarks, and for the courteous manner in which he has referred to our Association and its objects.

Dr. GRAY. I was at the last meeting of the American Medical Association at Washington, and my observations of the operation of the psychological section fully justify the remarks of Dr. Atlee. General business occupies all the morning hours of the Association, leaving but a few hours in the afternoon for sectional work. Certainly what is done in this body could not be accomplished in the time allowed for the section in the American Association. I am convinced that the sound views expressed by Dr. Atlee, embodied in a report to the next meeting of the American Association, will fully satisfy the vast majority of the members of that body, and will justify to them the position we have taken for some years past, that while the psychological section of the American Medical Association was important as a part of its organization, we should continue a separate and distinct organization.

Dr. GREEN. I would suggest that it might be proper to have some committee appointed to present some formal expression of our concurrence in the views given by the delegate of the American Medical Association, and thus these views will be made a matter of record.

The VICE-PRESIDENT. It may facilitate a proper disposition of the matter before the Association, for the Chair to remark that there is a committee on the question of the proposed union of this body with the American Medical Association, which will not report this year in consequence of the illness of the Chairman. It would seem to be proper, however, that the Secretary should spread the remarks of Dr. Atlee upon the record of the Association.

If no other member desires to make any remarks upon this subject, a committee of the Association will now make a report.

Dr. Kirkbride here held up a small model of a French restraining chair, brought to the meeting by Dr. Barstow, to whom it had been presented by Dr. Blanche, of Paris.

Dr. KIRKBRIDE. I must apologize to the Association for calling their attention to this old acquaintance of mine, which I have just found standing on the table. It is a very old acquaintance, and I do not feel that it ought to be passed by without some token of recognition on my part, or on the part of the Association. It is almost exactly a model of about half a dozen chairs that were sent to me on the opening of our hospital, and of which I had the pleasure of making a bonfire, nearly thirty years ago. Where this has come from I cannot tell. It seems to me to have risen phoenix-like from the ashes of my bonfire, it is so long since I have seen anything, in any way, resembling it.

Dr. BARSTOW. I thought I would bring it for exhibition to the Association, before making the same use of it.

This model of an invalid's chair was given me by Dr. Blanche, of Passy, near Paris, as something of his own invention, which he had found very useful in cases of general paralysis, and which had been in constant use in his institution for many years. The patient is placed in the chair thus, (holding up the model) and being thus enclosed by adjusting the front and sides is made secure, and may be either wheeled about or placed in a fixed position, according to circumstances. Whatever advantage Dr. Blanche may have found in its use, it seems to me must be more than counterbalanced by the fact that it may be easily liable to abuse, and may become a premium upon negligence of attendants. The patient being safely stowed away in his chair, an excellent opportunity is afforded for the nurse to take his own ease, or even secure a few hours' unsuspected absence. The chair is hot, cramped and uncomfortable, and in warm weather a patient might as well be enclosed in a large flax-seed poultice.

Dr. EARLE. I threw these chairs out of the Bloomingdale Hospital, in 1844.

Dr. CURWEN. The committee on time and place of the next meeting gave in their report yesterday. Since then a telegram has been sent to Dr. Workman, and in response to the question whether he would like to have the Association meet in Toronto, he answers, "Yes, most gladly."

Dr. KIRKBRIDE. In reference to the time, I would ask whether the Association have agreed on the matter? I think the time as reported would be too early. The question is, whether it could not be later in the season.

Dr. BANCROFT. I have had considerable acquaintance with the northern climate, being, perhaps, as far north as any member of the Association present. I have the impression that there is no pleasanter season in Canada than about the first of June. I know of no better time than that proposed. The heat of the summer, as you are aware, when it is fairly established in those northern regions, is perhaps as oppressive as it is here. I think the first of June a much better time than later.

Dr. CURWEN. The committee on time and place of meeting, consulted gentlemen living in the neighborhood, as to the character of the season at that time of the month, and they thought it as good and as pleasant a time as could be fixed.

Dr. WHITE, (of Buffalo.) I know all about the climate of Toronto; it is but a few hours' ride from Buffalo. From points on the extreme west or north-west you can go to Detroit, if you choose, and take the Great Western Railroad, and approach Toronto from the west; or by way of Suspension Bridge, and from Rochester across to Canada. You approach Toronto from the whole south and from New York, and Philadelphia through Buffalo; or crossing the Suspension Bridge, and going by rail round to Toronto. It is almost as far south as Boston, Buffalo or Chicago. You may go there by crossing Lake Ontario from Rochester; and you will not have ice nor an icy reception by going at the time designated. You will have a warm reception there, and a hearty extension of kindly feelings, so far as the inhabitants are concerned, at all times, and pleasant weather at any time after the last of April. Perhaps the most pleasant time is about the first of June. I hope all gentlemen present who attend may hold in reserve a trip to Niagara Falls, for I look forward to that happy day when Buffalo will want the Association there, and one of the inducements of Buffalo, will be a visit to Niagara. There is no better time for visiting Toronto, I think, than the early part of June.

Dr. KIRKBRIDE. I only ask for information.

Dr. GUNDRY. My experience is that the climate about Toronto is very pleasant in June. I move the adoption of the report.

Dr. GRISSOM. Would the time not conflict with the meeting of the American Medical Association.

Dr. CURWEN. The time of meeting of the American Medical Association is on the first Tuesday of May.

The report was then adopted.

Dr. WALKER. I ask the indulgence of the Association for less than five minutes. Most of us at this meeting have missed the presence of one who heretofore has been with us, and who has always contributed much to the interest of the Association by his sociability, business tact and usefulness. I refer to the absence of Dr. Tyler. In April last he left home to take a trip to Florida: on his return he was seized with congestive fever, and arrived at Charleston, unable to take care of himself. Since then he has been through that disease in its most terrible form, attended by the best skill that the faculty of Charleston was able to give him,—and they have a number of gentlemen standing high in the profession,—he was barely saved from the grave. A number of us, much attached to him, know how we hung for days upon the telegraph, expecting to hear of his death. Every organ was affected. A week ago I saw him in Brooklyn, and his chief desire was to come here and spend a day with the Association. I have no doubt if Dr. Tyler had recovered sufficiently he would now be with us, but his medical advisers have urged him to remain away. In view of this, sir, I beg leave to offer a resolution expressive of my own feelings, and no doubt in conformity with the feelings of this Association:

Resolved, That the members of this Association have heard with deepest solicitude of the dangerous sickness, in a distant city, of our beloved associate, Dr. Tyler; but we learn with infinite satisfaction that his disease has taken a favorable turn; that God in his tender mercy spares him yet longer to the asylum of which he is the faithful and successful manager, to the community in which, as a public benefactor, he is so thoroughly known and appreciated accordingly, to this Association of which he is an active and valuable member, and to ourselves individually to whom he is a dear personal friend; and we rest in the confident hope that another twelvemonth will bring him back to us in the fullest measure of recovered health.

Dr. BANCROFT. I desire with great pleasure to second that resolution, and ask for its passage.

The resolution was unanimously adopted.

The VICE-PRESIDENT. The Committee on Business reports that the next business in order is the report of the committee upon the scheme of reporting the operations of our institutions for the insane, appointed at the last meeting of the Association.

Dr. Jarvis, as Chairman of the Committee, then read the Report.

The PRESIDENT. What order will the Association take upon the report?

Dr. CURWEN. I move that it be printed, and made the first subject in order for discussion and action next year.

Dr. GRISSOM. I would suggest that in the mean time a copy of it be forwarded to each member.

The Secretary announced that it would be printed for the use of the members, and a copy sent to each one.

The motion of Dr. Curwen was agreed to.

Dr. CURWEN. I move that we have a session this evening at 8 o'clock.

Dr. Gundry moved to amend, so that a session be held on the boat at 1 P. M.

The amendment was not agreed to.

The motion of Dr. Curwen was then agreed to.

On motion the Association adjourned to 8 P. M.

The members of the Association spent the afternoon in visiting the excellent arrangements of the General Hospital for the Insane of Connecticut, at Middletown, going down in a steamboat, and returning in the evening.

The Association was called to order at 9 P. M., by the President.

Dr. Curwen offered the following resolution:

Resolved, that Dr. Isaac Ray, of Philadelphia, be appointed a committee on the part of this Association to confer with the Com-

mittee on the nomenclature of diseases, of the American Medical Association, in order that that part in relation to insanity may be placed in accordance with the views of this Association, and with the improved views on that branch of the practice of medicine.

Dr. CURWEN. I may state that I conferred with the Chairman of this Committee of the American Medical Association, and he expressed his entire concurrence in the spirit of this resolution.

The resolution was seconded by Dr. Gray, and unanimously adopted.

Dr. KIRKBRIDE. I had proposed reading a paper on the use of hydrate of chloral, in the treatment of insanity, with detailed notes taken by my assistant, Dr. William P. Moon, but at this late period of our meeting, I will not trespass on your time, but merely call the attention of the members to the subject, in the hope of hearing the results of experiments made by others. The demand for this article, as is known to most of you, has been so great that the druggists in Philadelphia were not, at one time, able to supply one-fourth of their orders; and the price, as a consequence, has been extravagantly high. This is hardly likely to continue. There will probably be less given, and the supply will be amply abundant. The results of our experience may be briefly stated to be, that with many cases it acts promptly, producing sleep, which lasts uninterruptedly for several hours, and without any unpleasant after-effects; that with others, it acts less decidedly, the sleep being light, and the patient easily aroused; in some, the effect is unfavorable, producing excitement, a kind of intoxication, rather than sleep. It has done quite as much as we expected from it. Like the bromide of potassium, it is an adjunct to morphia, but in no way a substitute for it; and to me it has seemed to lose its effects much sooner. I have the experience of some patients not insane, and these have varied very much. In one, it was only excitement and wakefulness that followed its use, and this condition continued till a dose of morphia was taken. In another, in twenty grain doses, sleep was induced; but the gentleman, a person of great intelligence, fancied that, although apparently asleep, he knew what was going on around him.

We have often used it among a set of habitually noisy patients, and very often with the result of having a quiet ward for the night; but we cannot depend upon it, if long continued, for such patients. Patients sometimes go to sleep soundly in ten or fifteen minutes; but the effect is not generally so rapid or so permanent

as is occasionally reported in private practice: a lady, for instance, after taking twenty grains, went to her glass to arrange her hair, but the overpowering disposition to sleep, that came over her, compelled her to desist; and, lying down, she slept on continuously till late the next morning. I have seen nothing like this. One of my assistants found, after doses of thirty grains, merely the first symptoms of intoxication; and this was the case with some of our patients. As I have already said, I do not propose occupying the time of the Association by reading the detailed cases, which I have with me, but shall hope to hear from others the results of their observations, and learn whether their experience agrees with ours.

Dr. NICHOLS. We have used hydrate of chloral in the Government Hospital for the Insane, and its use may properly be said to have been an experiment up to this time. We have not felt that we have been able to discover the cases in which we could depend upon it, and in which we could not; having arrived at various results, as Dr. Kirkbride stated has been the case at the Pennsylvania Hospital for the Insane. Within a few days, a lady, who is with us for the third time, quite nervous, irritable, insomniac, suffering under melancholia, fell asleep nearly as quickly as the lady who attempted to arrange her hair at the glass, and slept during the entire night. But we have often been disappointed since we commenced its use, about a year ago. I have a feeling that it will be a valuable agent; but we have not yet been able to discriminate between the classes of patients in which it is most likely to be effective, and we still give it as an experiment. And when the case is one that has no strength to lose, we feel disinclined, as a rule, to give what will not produce the results, which we know can be obtained with some of the preparations of morphia.

Dr. WALKER. Like Drs. Nichols and Kirkbride, I have been using hydrate of chloral six months, experimentally, but have not used it enough to think it worth while to say that it has produced results worthy of record. I think we have been giving it in doses of fifteen grains, certainly not over twenty. We consider it very useful, and, so far, good results have been obtained with it,—especially among elderly people, who sleep with difficulty, and who come out greatly comforted and refreshed during the day, by its use. Generally, in doses of fifteen grains, they obtain a good night's rest, and seem to be comfortable throughout the following day.

I believe that it is a good thing, and that it can be given with good results.

Dr. Brown, (New York.) I have nothing to say, except in gen-

eral terms. My experience accords with that of Dr. Kirkbride, and not with that of Dr. Walker. I recently attended a meeting of a society in New York, composed of leading practitioners, where one of the members present spoke in reference to this. He reported that the patients suffered much on each occasion, though relieved by the use of chloral, and they suffered exceedingly on the subsequent day, by reason of great depression, which continued throughout the day. No other gentleman present at the meeting had met with cases with results similar to this; he had used no other stimulation. He said also that it was followed by fever of the face.

Dr. NICHOLS. Do you mean a physical or mental depression, or both?

Dr. BROWN. Mental.

Dr. GRAY. We have used chloral hydrate to the amount of several pounds; in doses varying from twenty to forty grains, and in some instances sixty grains, and often in forty grain doses repeated. We have prescribed it in acute mania, with the variable success spoken of by Dr. Kirkbride. In some cases it seemed to have little or no influence at one time, and a few days afterwards in the same cases a decided effect. We have had good results from its administration in noisy chronic, and paroxysmal mania, and in the sleeplessness of melancholia: also in cases of rheumatism with pain, and sleeplessness at night. We have used it in a variety of conditions as a hypnotic, but we have not found much benefit from it in doses of less than thirty grains. Our observation corresponds with that of Sir James Y. Simpson, that, as a hypnotic, it should be given in doses of not less than forty grains. He frequently gave it in fifty and sixty grain doses.

The question has been asked in this discussion, whether or not it allays pain. I think it does in many cases, by preventing, or controlling spasm. I have prescribed it in a number of cases of painful menstruation, with happy effect, in doses of twenty to forty grains. Also in several cases of severe colic, in doses of twenty grains, combined with a drachm of paregoric, given at intervals of two to four hours. For two cases of threatened abortion, twenty grains of chloral, and a drachm of paregoric, acted admirably, given every four hours.

For neuralgia, where morphia has not been tolerated, even by hypodermic injection, I have found chloral produce comfortable and refreshing sleep. In instances where its administration was followed in the morning by depression, a cup of strong coffee afforded relief. In one case of neuralgia,—not of an insane person,—

where the pain was so intolerable as not only to prevent sleep, but to cause a resolute woman to cry out with pain, chloral secured sound sleep. In this case, hypodermic injections of morphia allayed the pain, but induced wakefulness, and produced subsequent nausea and depression. The nausea and depression were entirely relieved, although the injections were continued, by the administration of twenty grains of chloral, twice a day, and sleep was secured by forty grains of chloral at night. In the cases above referred to, and in two of Bright's disease, I have thought chloral produced an influence in relieving pain. I have no doubt that it is a most valuable remedy, and a great boon to the profession, and to humanity; and while we are not to expect that it is going to do away with the use of any other hypnotic,—for it requires the entire resources of medicine for the physician to meet all disordered conditions,—yet I think it may be placed on the list as one of the most useful hypnotics. It seems to me that the large experience of it in the practice of Sir James Y. Simpson, as presented in an article in the *Medical Times and Gazette*, is very strong evidence of its value, both as a hypnotic and for the relief of pain, and while he has not presented its merits particularly for our guidance in its use in insane asylums, I think that if we all use it, and observe its effects in the course of a year, by the next meeting of the Association we shall ourselves be able to determine in what class of cases and conditions it may be most applicable in this branch of medical practice.

DR. BUTTOLPH. A knowledge of the cases in which chloral will certainly prove useful, has to be obtained by trial. In a large number of chronic cases, it has appeared to be an efficient remedy in overcoming morbid wakefulness at night. In some acute cases, also, it has appeared equally advantageous for this purpose; but in others little good effect has been observed. In neither class, however, has any disagreeable after-effect been noticed by us. We have administered it in doses of from fifteen to forty grains, the more usual being thirty grains. A convenient mode of administration being in simple syrup; and if it be desirable to disguise the odor and taste of the medicine, a few drops of the compound tincture of cardamum is found to be effective. When given as an anodyne at night, the patient should either be in bed when he receives it, or be prepared to retire with little delay; the effect being much lessened, or altogether lost, if a different course is pursued.

I have great hope that it is to become a valuable addition to the means heretofore possessed for securing that most important condition to our patients, tranquil sleep.

DR. GUNDRY. Mr. President, I have experimented rather largely with chloral. I think I have met with some success, and I have gained some results which satisfy my own mind about it. The first case in which I ever used it was that of a person not insane, but who was suffering from insomnia, who had tried various remedies without effect. I gave him thirty grains of chloral; he went to bed and slept immediately, and did not waken for fourteen hours. This frightened his friends very much: they were surprised at the time he slept, and the quick effect produced. Next night he took half the amount, with the effect of procuring a good night's rest. That was our first experiment; other experiments followed very soon. I had seen a letter in the *London Lancet*, in which the writer argued that the introduction of chloral was so great a boon in the treatment of insanity, that all restraint would be done away with. We therefore determined to use this, watching carefully for ourselves. We instituted several experiments; first, as to the production of sleep; and then we satisfied ourselves from a large and varying class of cases, that sleep would come with a proper dose of chloral; but the doses would vary somewhat, according to the intensity of the attack, and also according to the effects that had been established by ordinary narcotics. We were satisfied, also, that in most cases it will not produce any better results; that they would appear the next day as noisy as on the first day, and no benefit derived except that arising from sleep. By giving a number of grains of chloral we secured a quiet ward, and freedom from noise. This was the indiscriminate use of chloral among the cases that were noisy.

Next we tried it as a remedial measure, in certain cases of acute mania; and we began by giving doses of say five or ten grains, every two or three hours, to see the effect produced. We began with five, and gradually went up to ten or fifteen. I think we did not go over fifteen. If this did not restrain the man, or have any effect, it should be cut down. There was a difference. In some cases it acted like a charm; in others it did not; and on analyzing those cases on which it did not act, we found they were generally those who took stimulants during the day, in some form. I feel that the effect of chloral can be very much diminished by the amount of stimulants given during the day,—that where stimulants were given, in order to have some effect the dose must be increased. We have never been able to discover any of the sequelæ, as we do in the opium, and I was surprised to hear the statement of Dr. Brown, which I have not found in my own investigations. With

two or three persons to whom I have given it, on explaining their own sensations, they stated that on the first night they experienced an unusual degree of coldness, feeling in the morning as if the night had been cold, and they had slept with the clothes thrown off. I thought at first it had been the clothes, but on observing very closely found that such had not been the case; that it took more warming than usual the next morning to produce the proper feeling. Both were lawyers, and were unable to go on with their ordinary occupations. After that we made investigations whether it reduced the animal heat. I found in one case of acute mania, cerebral manifestation, pulse 90, and it was brought down two degrees within an hour after taking the chloral. I have had similar results, showing that chloral, like digitalis, is one of those remedies that reduce the temperature of the body. If it should have the effect continuing like digitalis, it will cause a somewhat rapid diminution of heat through the body, and of course upon the concentration of nervous force. I may here remark, although I am obliged to differ with some of my brethren, that it will be shown where there is high thermometrical range, and a low pulse, that the excitement is dependent on high cerebral condition, and that it is not from other causes. I have tried it in puerperal cases, and I have found that in that connection it has been a great blessing indeed; and also in those cases where there is much sleeplessness, and what you may call suppressed excitement,—not noisy—passing, fugitive delusions, especially where the things gone through with are reënacted, and a slight conscious change prevalent with the remembrance of those things. I do not think it is like opium at all, that it substitutes one morbid action for another. It simply appears to obliterate, and very intelligent persons give very interesting instances of it, where they went to bed and immediately everything disappeared from them. In delirium tremens, although I have not seen very much of it used for that purpose, I have known chloral to be given, and I have heard with very happy results. I do not know whether small doses repeated are better than large doses of forty grains given every two or three hours.

I tried it on one of my family for bronchitis with no result whatever. The irritation was not relieved. Coughing caused the patient to wake, but after the cough was over sleep would come on again.

In rheumatism, I think it will not do good, except where the case is suffering enough to be kept from sleeping. I can conceive of no other benefit to be derived by administering it in cases

of rheumatism. In disease of the kidney, and it has been my misfortune to have rather a sorrowful experience with that malady, I have seen very great benefit to a man who died of neuralgic affection of the kidney.

I have not seen any effect produced on epileptics by it. In fact, I have seen it simply produce obliteration. The benefit that has resulted from it, in cases of epilepsy, has been on that account alone. As I said before, it seems to be counteracted in a great measure by the use of stimulants. Any stimulant seems to neutralize it to a certain extent, and render it necessary to enlarge the dose. I think the happiest results have arisen from the conjunction of chloral with opiates, and especially with *tinctura opii deodorata*. In private practice, I have found people very much frightened by the suddenness with which patients went to sleep. I therefore got into the habit of having small doses taken, five grains every half-hour or hour, until the effect was produced. In the hospital I have had the doses to produce immediate effect. It prevents a wasting away, and operates much more quickly than any other method. I do not know whether it is peculiar to myself or not, but larger doses are required on the female side of the house than on the male. I do not know whether it is on account of sex, or from some other cause.

I think two things ought to be borne in mind. One is, that the mixture ought to be given shortly after it is made. I am sure it deteriorates after it is made up, and for that reason I am a little afraid of the medicines which are sold as mixtures of chloral. I think it ought not to be given, as a rule, until after the patient is in bed. The effect is always rapid, and sometimes almost instant. I have known one person to sleep in his clothes, by taking it before retiring.

In two cases, I have noticed the eyeball drawn up more than is natural in sleep. It takes a little trouble to examine and ascertain the differences; the pupil is more open, and there is a sensitiveness to the touch. In other matters the difference seems to be very slight. A great noise seems to arouse the patient thoroughly, and then you have to repeat the dose. This has occurred with us, and we always leave out, for that particular patient, an extra dose to be given if he awakens.

A Doctor. What is the average dose?

Dr. GUNDRY. The average dose is twenty grains.

Dr. BUTTOLPH. On account of the influence of light, we thought of painting the bottles containing the solution black.

Dr. SAWYER. I have no exact experiments to mention, but have used the hydrate of chloral, for procuring sleep, with marked success. I have given it in doses of forty grains, and in smaller doses repeated at short intervals. I prefer the latter method. The rapidity with which this medicine sometimes produces its effects has been strikingly manifested in repeated instances.

Dr. McDILL. I have tried the chloral in a few cases. The first effects were somewhat unsatisfactory, when given in small doses. Later in the season, I procured a quantity, and have used it in cases of sleeplessness; and the results have been much the same as related by Dr. Gundry. I used it in one case of delirium tremens, quite successfully; it was the only medicinal agent used. The first dose procured about fourteen hours sleep, after which the patient rapidly recovered. I have found that in giving doses of less than twenty grains, it had to be repeated; but on giving twenty grains, and upwards, it was not necessary to repeat it. The large doses procured rest for a much greater length of time than the smaller ones; twenty to thirty grains would procure sleep, but generally for a limited time: but when from thirty to forty grains were given, complete rest was usually obtained for the time we wished to have the patient sleep.

Dr. SHEW. In the month of February we commenced the systematic use of chloral, but were little encouraged during the first few weeks. I have since been inclined to believe that it was owing to the poor quality of the drug used. With our second supply, we had better success. A systematic trial was made, by selecting twelve noisy chronic cases, in different parts of the house; commencing with doses of ten grains, administered morning, noon and night. We were very much gratified by the results of the experiment. Nearly all of these cases had been disturbing us for months; they were mostly old people, chronic cases, belonging to the class of those who are inclined to sleep during the day, and then to disturb the whole ward, or those in their immediate vicinity, by being noisy at night. One of these patients, who has, to my personal knowledge, been the cause of great annoyance to at least two of the superintendents who are present, now asks for the medicine. We have tried the experiment of intentionally omitting the night dose. In the morning she would beseech us to have the medicine left in her room, so that the apothecary could not, by forgetfulness, deprive her of its benefits.

I think, sir, we shall find this chloral particularly useful in the insomnia of acute mania, and in the treatment of the class just

mentioned. I have noticed that the pulse is frequently increased, sometimes to the amount of fifteen beats. One patient, whose natural pulse is one hundred, within five minutes after taking twenty grains of chloral, gives one hundred and sixteen beats; but this is soon followed by some prostration, and the pulse falls below the normal beat. I have also noticed that the pupil is dilated at first, and afterwards contracted, and if you arouse the patient and watch the pupil any length of time, it will be observed to grow quite small. However, these symptoms have not been uniform. We have also noticed in two melancholic patients, after the administration of a few doses, a sense of oppression, or as they say, "a heavy weight in the frontal region." I tried it upon myself, simply as an experiment, before giving it to the patients. It produced no effect whatever until forty grains had been used.

Observation, since, leads me to believe that while five grains may effect some persons, fifteen, thirty, and even sixty grains are required for others.

Another point we have noticed in treating something like fifty cases systematically. In only one of the fifty was there any cumulative effect. The medicine appeared to have little hypnotic influence for some days, until suddenly there was marked lassitude, or drowsiness, which continued several days, and the woman complained of disagreeable oppression in the frontal region.

I think, sir, we shall find hydrate of chloral a very useful article in the treatment of the insane. when further experiments, carefully made, shall have taught us how to use it. I hope that during the year some member of the Association will find time to give us the results of his investigations in the form of a paper, in the discussion of which we may gain further information.

Dr. CALLENDER. I experienced difficulty in obtaining a sufficient supply of the article, and have only used it experimentally, and think I have had a similar experience to that related by Dr. Shew, viz.: in having one of the supplies furnished me of an inferior quality.

I, perhaps, have used it in ten or twelve cases with varied success, but am able to speak of hydrate of chloral encouragingly as a hypnotic, and, as such, an efficient agent in dispelling the illusions of acute mania, engendered or intensified by loss of sleep. So far as direct anodyne results are attributed to it, my observation is that it is a failure. When given with that view, it has required to be reinforced with opium in some form. In one case, occurring to mind at this moment, acute mania being complicated

with severely painful sensations, following an opening into the thoracic cavity for the discharge of pus. Two scruples did not produce relief. Under the same quantity subsequently accompanied by the hypodermic use of a quarter grain of morphia, both sleep and alleviation of pain ensued. To the query, which was the hypnotic, and which the anodyne, my answer would be, that the opiate was the latter.

Dr. GUNDRY. I would inquire whether in the case the patient had not been taking stimulants?

Dr. CALLENDER. Not at that time. No, sir, he was not under that influence.

Dr. GUNDRY. Had he taken stimulants of any kind?

Dr. CALLENDER. He had done so, and had taken carbonate of ammonia.

Dr. BANCROFT. So far our experiments have proved much the same as has been stated by others. In about three-fourths of the cases in which we have given it, we have seen its prompt result in producing sleep; and in about one-fourth it has seemed to produce no effect whatever. In a recent case, the article was given in doses of twenty grains, repeated after three hours, producing no effect whatever. The patient, a young lady, had been wasting in health, and was of delicate sensibilities, and had had no sleep for several nights before taking it. The next night, bromide of potassium was substituted for chloral, and she had a good night's sleep. Our observation, small as it is, has led us to select a series of cases for its use, in which we have commenced a systematic record of effects. As yet we have not carried it to the extent to authorize a report. A medical friend of mine thinks, after repeated trials, that he has found in chloral a specific for delirium tremens.

Dr. CALLENDER. I wish to remark, Mr. President, that I have observed no such rapid effects under the influence of chloral, as have been alluded to. My experience has been, that it has not produced effects in less than fifteen or twenty minutes.

Dr. STEUART. I have used it in a few cases, with decided effect; one was the case of a young man who came in with acute mania, caused by over-excitement at camp-meeting, and had not been able to sleep for three nights. I gave him one dose of thirty grains: he went to sleep and awoke next morning very much relieved. I saw no symptoms of mania afterwards. I administered it in the case of an old lady, seventy-five years of age, laboring under acute mania, who was very restless and noisy; the first dose of thirty-five grains produced sleep. I repeated it the second night, and had no

occasion to use it afterwards ; she remained ten nights, and I heard no complaint afterwards. I have used it in two or three cases of mania-a-potu, with decided effect.

Dr. GREEN. I have not had sufficient experience in the use of the article to make any statement on the subject.

Dr. HILLS. We have been using the chloral, somewhat freely, since sometime in the month of February or March ; our first experiments having resulted very favorably. They were mostly in cases of chronic and noisy insane. We have found the most happy results from the use of it in those cases. In our experience we find that in solution it soon loses its power, and that each dose should be freshly prepared.

Dr. SHEW. How is it in case of a glass stopper to the bottle ?

Dr. HILLS. We have not tried it in that case. We find it to lose its power within two or three hours. In regard to the promptness of its effect, our experience is that it is effective, if freshly prepared for administration, in from three to five, eight or ten minutes,—generally from three to five minutes ; hence we have adopted the practice of waiting until bed-time ; then to have the proper persons call at the office for the medicine. Rarely, if ever, is any prepared for use at an earlier hour. We find, on managing in that way, that a dose of ten grains will usually produce all the effect desired. In exceptional cases, we find fifteen or twenty grains are required ; yet we rarely fail in promoting sleep when it is freshly prepared. I feel that there is no other hypnotic agent, so certain in its effect. We have administered it in a great many cases, within the time spoken of, and seldom fail to get from six to seven hours' sleep. The patients are easily aroused : the opening or closing of a door, or anything of the kind arouses them ; but with our experience they readily fall asleep again if the disturbance is not continued. If the noise continues any length of time, it does seem to have the effect of thoroughly arousing them, and causing them to remain awake, but a temporary disturbance does not.

We have used it also in acute cases of insanity, with very good results, and especially with the nervous classes, where there is great agitation and excitement, it not only procures sleep during the night, but promotes quiet during the day. We have used it in cases strongly suicidal, and I would not be without it in those cases. We can depend upon the chloral producing six or eight hours' sleep during every night. That has been the case since we have used it.

These are the more important points upon which I thought

proper to speak. Our experience has been considerable. I think in the neighborhood of two or three months, we have used fully two thousand grains, and our doses have averaged about twelve grains. We sometimes have given thirty or forty; could sometimes accomplish the result desired with from five to eight, but more generally with from ten to fifteen. But, as I say, we never failed to procure sleep in any of the cases in which we have administered it.

I will speak of its use in neuralgia, neuralgic headaches, neuralgias of almost all kinds. We never fail to subdue these in a very short time, and apparently permanently. It seems to remove it completely. In private practice, one gentleman, who had been subject to neuralgic headaches for several years, took chloral, and within five minutes he was perfectly relieved, and now, for two months, has not had a recurrence of the disease. The one dose scattered the whole thing to the winds. I was surprised to hear the remark that one gentleman made, that he was never able to find relief from it as an anodyne; that he had never found it to relieve a patient suffering from pain. I have used it in my own person, when suffering from pain or distress, and in ten minutes was almost entirely relieved. I took it in doses of ten grains, and have never taken any greater quantity.

Dr. BANCROFT. I will refer to a case of a young man, insane about ten days, acute mania, in a high state of excitement, sleeping none at all; administered morphia to procure sleep, but with no effect. We gave him, perhaps, three or four ten grain doses of chloral, which produced immediate sleep. The excitement at once subsided, and several days having elapsed since, and a good degree of self-control having returned, convalescence seems established.

Dr. BROWER. We have been using the hydrate of chloral for some little time, with good results, in an average dose of twenty-five grains. We have given it in doses from ten grains to forty grains, but have not been able to produce sleep with less than fifteen grains. Chloral is, in our opinion, a very valuable addition to the remedies already in general use.

Dr. DUDLEY said that at their institution they had had no experience.

Dr. HARLOW. We have used it for the last three months, with marked effect in many cases. It seems to work favorably in cases of circular insanity. I have thought that it shortened the attack of excitement. Chloral evidently supplements the bromide of po-

tassium. It has all the effect of the use of opium for producing sleep, and does not constipate the bowels. We give it in doses of from ten to thirty grains—never less than ten, or more than thirty. In a few cases we have failed to obtain the desired effect; but in a majority of cases it has worked well, and we are encouraged to continue its use.

Dr. MEAD. I feel thankful for the information I have derived on this subject, first broached by Dr. Kirkbride, and for the statements that have been made of the use of chloral.

Dr. GRISSOM. As this remedy seems destined to rank as an important agent in therapeutics, I desire to elicit all the information certainly known by experiment, or otherwise, in regard to its action. I wish to ask Dr. Kirkbride, or any other gentleman, through the President, what is regarded as the maximum dose ordinarily, beyond which it would be unsafe to venture. What would be the symptoms approaching poisonous effects? and what are its antidotes?

I do not know to what extent these inquiries can be answered from actual experiment. I would like to know what there is of a reliable character on record.

Dr. KIRKBRIDE. I have no experience with very large doses of chloral. I do not recollect having given more than forty grains at one dose, but I have heard of sixty, eighty, or even more, having been given in Philadelphia. I have no doubt but that occasionally it produces bad effects. Among my cases, is one, that of a lady, sixty years old, of a highly nervous temperament, in which we had no doubt about its being decidedly injurious. I will read some of the details of the case. [Dr. K. here read the notes of the case, confirming what he had just said.] The dose was only twenty grains, repeated at intervals, so that it did not seem that the symptoms were owing to the dose being too large.

Dr. GRISSOM. You would not feel safe in using sixty grains?

Dr. KIRKBRIDE. No: we were under the impression that it was not safe in this case.

Dr. GUNDRY. There have been reports of some apparently dangerous doses, one case in which I call to mind. There were given seventy or ninety grains. It was given to produce complete anæsthesia. I think this was one of the extremes. After that the patient became very wild and violent. I do not profess to give this with a very great degree of accuracy. You will find several such cases reported in the January or February number of the *Lancet*. I do not know exactly what to recommend

as an antidote; probably whisky or ammonia would be best, ammonia first, and whisky and, I think better, belladonna, it being the best antidote to obtain.

Dr. HARLOW. Dr. Leibreich, the discoverer, speaks of strychnia as an antidote for an over-dose of chloral, and chloral as an antidote for poisoning by strychnine.

On motion, the Association adjourned to 9 A. M., Saturday.

SATURDAY, June 18, 1870.

The Association met at 9 A. M., and was called to order by the President.

The minutes of the last meeting were read and approved.

Dr. Curwen called the attention of the members to the beneficial use of pure rye whisky, in small doses, in the treatment of certain cases of great nervous depression, with loss of appetite, accompanying maniacal excitement and melancholia.

Dr. Jarvis read a paper on "Proper Provision for the Insane."

On motion, it was

Resolved, That the discussion of the papers presented by Drs. Jarvis and Curwen, be postponed until the next session of the Association, and that in the interval, the Secretary of the Association cause them to be printed for the private use of the members.

Dr. KIRKBRIDE. Even, at this late period of our session, Mr. President, I beg leave to present the following resolutions, believing as I do, that they represent the carefully considered views of a very large proportion, perhaps I might safely say, the almost unanimous sentiments of the members of this Association, on the subjects referred to. Want of time may prevent their consideration now, but it seems to me, that it would still be well that they should be upon our minutes. I wish it understood that they have not been prepared specially in reference to the papers of Drs. Curwen and Jarvis, but simply as again affirming views that are highly important to the insane.

Resolved, That this Association re-affirm, in the most emphatic manner, its former declarations in regard to the construction and organization of hospitals for the insane; and it would take the present occasion to add, that, at no time, since these declarations were originally made, has anything been said or done to change in any respect its frequently expressed and unequivocal convictions on the following points,—derived as they have been from the patient, varied and long continued observations of most of its members:

First. That a very large majority of those suffering from mental disease, can no where else be as well or as successfully cared for, for the cure of their maladies, or be made as comfortable, if not curable, with equal protection to the patients and the community, as in well arranged hospitals specially provided for the treatment of the insane.

Second. That neither humanity, economy, or expediency can make it desirable that the care of the recent and chronic insane should be in separate institutions.

Third. That these institutions,—especially if provided at the public cost,—should always be of a plain but substantial character; and while characterized by good taste, and furnished with everything essential to the health, comfort, and successful treatment of the patients, should avoid all extravagant embellishment, and every unnecessary expenditure.

Fourth. That no expense that is required to provide just as many of these hospitals as may be necessary to give the most enlightened care to all their insane, can properly be regarded as either unwise, inexpedient, or beyond the means of any one of the United States.

On motion, it was

Resolved, That these resolutions be printed for the use of the members, and their discussion postponed to the next meeting of the Association.

Dr. Gundry, from the committee on the letter of Dr. R. S. Steuart, made a report, which, after some discussion, was recommitted to the committee, with instructions to report more in detail at the next meeting of the Association.

Dr. Walker, from the committee on resolutions, presented the following report:

The Association of Medical Superintendents of American Institutions for the Insane, about to close their twenty-fourth annual session, and the first in Hartford, desire to express their appreciation of the courtesies that have been showered upon them during their entire stay in the Charter Oak City.

We are under manifold obligations to the Managers and Superintendent of the Retreat for the Insane, for the opportunity for examining in detail the admirable arrangements of that widely known and venerable institution,—venerable only in years, thanks to the progressive intelligence and indomitable spirit of Dr. Butler, seconded by the wise foresight, and broad liberality of his Board of Managers, and the citizens of Hartford.

We rejoice in the changes already effected, transforming the building of a former age into a handsome modern structure, attractive externally and replete with conveniences and elegant comforts, which, when fully completed, will render it, with its magnificent grounds, a Retreat in the best sense of the term; but a retreat only from the carking cares and hurtful excitements, and not from the comforts and healthful enjoyments of life;—a fitting culmination to the labor of a lifetime devoted to the best service of the insane, by our associate, Dr. Butler.

May his life be spared to enjoy its final completion, and may no one of his noble-hearted coadjutors falter in a work which must command the full approval of the Divine Master.

We also acknowledge their, and Dr. and Mrs. Butler's, abundant and grateful hospitality. We congratulate the trustees, and Dr. Shew, the Superintendent of the State Hospital at Middletown, on the success that has attended the opening of that noble public charity, and upon the liberality that characterizes it in the size of the rooms, the air space, the furnishing, and in the general arrangements of the wards. When finished agreeably to the original plans, it will be a hospital to which the friends of the insane, and the people of this old State may point with just satisfaction and pride.

We are indebted to them for a most agreeable water excursion, and a most courteous reception.

We shall always treasure in our memories, with peculiar satisfaction, the rare privilege accorded us of a visit to the elegant and tasteful residence and charming grounds of Mrs. Colt, and

to the Memorial Church, with its enlivening chimes, and also of her graceful hospitality. Words cannot adequately measure our appreciation of the favor. We therefore respectfully tender to Mrs. Colt, the simple thanks of refreshed and grateful hearts.

To the Ladies and Gentlemen of Hartford, we are under especial obligations for their hospitable attentions to the ladies of our party. In the language of Rip Van Winkle, "Here's to their good health and their families! May they live long and prosper!"

We return our grateful acknowledgements to Gen. Franklin, for an interesting and instructive inspection of Colt's fire-arms manufactory, and for a *stunning* exhibition of the Gatling gun; and to Mrs. Crosby, for the use of a commodious and comfortable room for our sessions, in the hall of the Young Ladies' Seminary Building.

To the Superintendent of the American Asylum for the Deaf and Dumb, the Trustees of the High School, the Connecticut Historical Society, and the Wadsworth Athenæum, the Faculty of Trinity College, the President of the Young Men's Institute, the Librarian of Walkinson Library, and the Warden of the State Prison, at Weathersfield, we return our thanks for cordial invitations to visit their respective institutions, of which we would have gladly availed ourselves, had the faithful discharge of the duties that called us here, permitted.

And last but always to our honored President, our old associate, our warm-hearted friend, Dr. John S. Butler, wishing him length of days and continued success according to his rich deservings, with our united right hands, we give a reluctant good-bye and a hearty God speed.

CLEMENT A. WALKER,
THOS. F. GREEN,

Committee.

DR. KIRKBRIDE. I move that the report of the committee on resolutions be adopted by acclamation.

The VICE-PRESIDENT, (Dr. Nichols,) in the chair. Dr. Kirkbride moves that the report of the committee on resolutions, which so eloquently and happily expresses the views and feelings of every gentleman present, in respect to the wonderful improvements made in the once venerable, now modern Retreat; in respect to the excellence of the new State Hospital for the Insane, at Middletown, and of the other charitable institutions of this ancient commonwealth; and in respect to the warm and elegant hospitalities of which we have been the honored recipients, during our meeting, be adopted by acclamation. Are you ready for the question?

The motion was carried amid much applause.

On motion of Dr. Gundry, it was

Resolved, That a vote of thanks be returned to the reporters, for their faithful report of the proceedings.

The PRESIDENT. Gentlemen of the Association: My full heart finds no words adequately to express the emotions with which I now stand before you. I cannot tell you of my grateful appreciation of your cordial approval of those results in which the aspirations and labors of my life have culminated. I thank you heartily. Your indorsement of what we have accomplished, will ever be a source of great gratification to us.

Your meeting has also been one of much satisfaction to our citizens.

In parting with you, gentlemen, let me say that the work to which you have given yourselves, is not yet completed. The Association has certainly accomplished great results; there yet remains more for it to do.

As one quaintly remarks: "In olden times, the lunatic was given over to the tender mercies of the devil; he is not yet fully restored to Christ and humanity."

May God bless you with a safe return to your labors, a prosperous continuance of your arduous and devoted efforts, and a long and happy life.

On motion of Dr. Kirkbride, the Association adjourned, to meet in Toronto, Canada, on the first Tuesday of June, 1871.

JOHN CURWEN,
Secretary.

LEGAL RESPONSIBILITY OF THE INSANE.

Charles Mittermaier's works on Capital Punishment, the Responsibility of the Insane, and a Medico-Legal Survey of the same in our Prisons and before the Courts. By A. BRIERRE DE BOISMONT.*

PREFACE.

Among the voluminous works of the celebrated German jurist, Charles Mittermaier, there are two topics especially calculated to engage the attention of physicians—capital punishment, in its application to insanity, and the insane in our prisons and before the courts. His works are memorable, because he is the first jurist of authority who has treated these subjects at once with the requisite legal and medical knowledge. A union of these was needed to show experimentally, that more than one insane person had perished upon the scaffold, that very many had been imprisoned, and brought to trial, although afflicted with the disease before, during and after being sentenced; and that their apparent possession of reason did not always turn out to be a sufficient ground for their conviction; in many, after death, lesions have been found, attesting the presence of mental disease of long standing.

Mittermaier cannot be accused of being a physician, who finds an insane person in every culprit; for no one, more than he, has searched into the science of law, has more thoroughly understood its aims, its justice, its

* From the Annals of the Medico-Psychological Society. Published in a pamphlet in Paris, and for sale by F. W. Christian, N. Y.

[In this translation for the Journal of Insanity, the first part, on capital punishment, is omitted; and an abstract is given of the second part as in the above title.]

equity. He studied all questions practically. In the matter of insanity, he pursued the same course as in the study of law; putting himself in communication with the most competent savans, conversing with them in their own country and their own language, reading and annotating their books, observing for himself the criminal and the insane. It is an important fact to note, that this reformer of the laws, this destroyer of abuses, this apostle of humanity, who wished to abolish capital punishment, and to save the insane from painful and infamous punishment, never discovered a sane person among those whom he had occasion, during so many years, to question respecting themselves and their condition; and what is no less remarkable, he never received from any one in an asylum an intelligent protest against their deprivation of liberty. Mittermaier's penetration and high sense of honor put him above suspicion in this respect.

It becomes, then, a matter of simple fact, that an eminent jurist, versed in the laws relating to insanity, and conversant with the criticism to which they have been subjected, never had his attention aroused to their numerous arbitrary detentions, not a single case of which has been legally proved in France; and this benevolent man, who revolted at every injustice, who remained constant to liberty, never once saw, what other men thought they had seen; men, too, without either legal or medical knowledge, and who had not the time nor the means of giving themselves up to a study, which requires long experience, and a special faculty of observation.

We might here show what becomes of these pretended victims, so arbitrarily confined, whom one journalist estimates at 32,000, almost the whole number detained in our asylums, and whom, by a second effort of

imagination, he immediately raised to thirty-two millions, under the pretext that "no citizen is sure on rising in the morning, of not lying down at night in one of these drear abodes." Four-fifths, then, of these prisoners go out the same year of their entry; some cured or improved, the rest unimproved, or deceased from disease. The remaining fifth, destined to increase the population of the asylums, is generally made up of the sick, who have been suffering one, two, or more years; in a word, of the incurable element. This class is made up of half, and at times of two-thirds of those admitted; the other half, of the hereditary insane, of odd characters, of the crack-brained, of the melancholic, feeble-minded, of those of highly nervous, fearful, irascible temperaments. Thus, out of two hundred and sixty-five insane, with suicidal tendencies, whose cases we have studied, we have found two hundred and thirteen who belonged to the second class.

Mittermaier, as we have seen, did not deem the charge of illegal detentions worthy of refutation. But after having established, to his own satisfaction, the presence of the insane in our prisons, and their conviction as criminals, with his vast experience, he imposed upon himself the duty of laying down practical rules for restoring them to the class of sick people from whom they never should have been separated. This he has done in his excellent treatises upon the responsibility of the insane, and a medico-legal survey of the same. While declaring physicians for the insane the only persons fitted to fulfill the functions of experts, he is careful to add that their special duty is to give a clear and precise exposition of the facts which they are charged to examine; while it is the duty of judges and juries to pronounce upon the responsibility of the accused, when insanity is completely proved. We have entitled the

works of Mittermaier upon mental disorders, "a psychiatric-medico-legal manual for the use of lawyers:" our resumé will show whether we have given it this title with good reason.

No department of medical science is more worthy the consideration of the thoughtful mind, than that which is concerned with the arduous as well as attractive problems presented by the intellect, the sensibilities and the will; a subject, which requires, too, for successful investigation, a profound knowledge of ourselves and others.

Then, also, observe the close connection between the sane and the insane, in view of hallucinations, fixed ideas, sudden impulses, soliloquies, intelligent language, with utter want of intelligence in action; an appreciation of what is right, with difficulty in conforming one's acts thereto; and the many other analogies established by observation. Does not a comparison of the conditions of health and disease, aided by etiology, give to the medical specialist the means both of treating successfully the insane, and of giving a more rational direction to education? Does not this experience teach him, in fine, that among those pupils who are the oftenest punished, there are some at least whose very characters are to be attributed to constitutional defects, to internal disease, to a special diathesis? These suggestions are entitled to great importance in reference to distinguishing the criminal from the insane; for they often have very close relations with each other. When we open the annals of history, and consult the records of the courts of justice, we cannot but sigh over the thousands of the insane people who have perished victims of ignorance; and yet from the time of sorcerers of the Middle Ages, physicians loudly protested against their punishment, declaring that they were insane.

Centuries have passed before this testimony has obtained credit, because, over against the claims of science was set the authority of law, which demands that crime be atoned. Medical psychology, therefore, joyfully acknowledges the coöperation of jurists versed in the study and practice of law; and no one could lend it more powerful support than Charles Joseph Antoine Mittermaier, Professor of Law at the University of Heidelberg, a former president of the German Parliament, foreign associate member of the medico-psychological society, son of an educated apothecary, nephew of the well-known voyager, Zimmerman.

Mittermaier early contracted a taste for the natural sciences, and for travel. Dissuaded from adopting the medical profession, by reason of a feeble constitution, he decided upon the law. In 1811, the University of Landshut conferred upon him, at the age of 24, the title of regular professor. Ten years after, he accepted a chair of law professor in the University of Heidelberg. He soon became famous for his method of instruction, and his works on legislation, some of which have been translated into many languages. He was made a member of all the academies, and a great number of learned societies, and received the grand cross of the order of St. Joseph. Such, however, was his independence, as well as popularity, that in 1848, his portrait was publicly sold, with this device: "*Nulli me mancipavi*"—(sold to no man.) Taking a lively interest in politics, on the liberal side, and several times president of the national assemblies, he distinguished his career in this direction by connecting his name with various important legislative reforms.

Giving up active participation in politics, after the disturbances of the year 1848, he devoted himself, up to the time of his death, in August, 1867, wholly to the

science of his profession; and especially to the medical jurisprudence of insanity. What characterizes Mittermaier, is, that he goes straight to the facts of each case, compares and appreciates them at their just value, and never builds up a theory till he has had time to lay a solid basis; since, indeed, it is only by aid of single particular cases, that general principles can be admitted. In his prodigious knowledge of law, he was without a rival; so that throughout Germany and elsewhere, appeals were constantly made to his experience in difficult questions of foreign law. While the fundamental qualities of Mittermaier's great intellect were brought conspicuously to view in his study of the question of capital punishment, his abilities are no less remarkably manifested in a branch of human knowledge, not familiar to jurists, but upon which it is highly important that they shall have correct notions. The researches of Mittermaier had brought him in contact with inmates of prisons marked with the impress of insanity. This led him to investigations, with startling results. It is indubitable, he says, that we find in all countries, persons condemned for crimes, who, on, or soon after their committal, exhibit symptoms of insanity. The symptoms are, at times, so marked, as to demonstrate that these persons were deranged at the time of committing the criminal act, and probably for a longer or shorter time before. We are authorized to presume that their mental condition was not sufficiently taken into account at their trial. In an article in the *Revue des deux Mondes*, for July, 1866, a warden is quoted as declaring that in the prison under his charge, there were at least a dozen inmates in whom insanity was presumable. Gutsch, physician to the prisons of the Grand Duchy of Baden, testifies to the presence of prisoners, whose mental condition was such that insanity was justly presumable at

the time when they committed the crimes for which they were confined. Vingtrinier, physician-in-chief of the prisons of Rouen, published, in 1853, a treatise on "the criminal insane." His statistics cover a period of thirty-seven years, and comprise 43,000 accused, 8,500 of high crimes, 34,500 of misdemeanors; but of this sum total were noted 262 insane, of whom 176, suspected by the physicians, were admitted as insane by the courts. Eighty-two were sentenced without consultation with physicians, or in spite of their expressed opinions. Of six sentenced for their crimes, one was executed; the others became insane. Of the 76 convicted of misdemeanors, one died; nineteen served out their sentences at Bicêtre, most of them in the quarters assigned to the insane; fifty-six were obliged to be transferred, a few days after conviction, to the asylum, where their derangement was recognized *de novo*. This statement seems to us to admit of no reply, and its results have never been attacked. In consequence of these first investigations, Mittermaier was led to classify the cases of the criminal insane as follows: misdemeanors, infamous crimes, capital crimes. A sad example of the last class, quoted by the author, is that of the assassin of the Archbishop of Paris. His antecedents mark him, as of a melancholic temperament, subject to exaltations, and inclined to utter threats. In his family can be traced eight insane and suicides. He had been confined in the prison of Melem, for some offence, but had been set at liberty six weeks before the assassination, on the ground of insanity. This fact seems to have been utterly ignored at the time of the trial.

At the meeting of the Anthropological Society, held May 16, 1867, we made a communication respecting a work of Dr. Mundy, on foreign legislation upon the subject of insanity. It contains a passage from a dis-

course of the counsellor-at-law, Fitzroy Helly, who, at a meeting of workmen, held in London, to save a certain Wright, lying under sentence of capital punishment, affirmed that, *during the last sixty-four years, sixty legal murders had been committed* in the execution of as many *insane*. Dr. Madden, in a pamphlet upon mental disease, and the responsibility of the insane, shows that, within a few years, eleven insane have been condemned to death, and eight executed.

The two following facts came to pass within the past year. A law student had contracted a *liaison* with a young girl of the working classes. Seeing her in a well known café in Paris, he was suddenly overcome with jealousy, became highly excited, addressed her in most abusive language, struck her with a sharp instrument, and would probably have killed her, had he not been seized and disarmed. At his trial he pleaded intoxication. His examination showed levity of disposition, *exaltation*, unconsciousness of his situation, and furnished no plausible explanation of his attempt to kill. The impression made upon us, on reading a report of the trial, was that the young man was feeble-minded, and was overcome by one of those sudden transports of passion, which in persons of a defective organization, may occasion at any unexpected moment a sudden catastrophe. He was sentenced to confinement in prison for a term of years. The first day of imprisonment he asked for pen and paper, in a state of great excitement, and wrote a number of letters to the authorities, protesting against his sentence. Some time afterwards, he interrupted the religious exercises of the prison by crying out "murder," "watch." He was induced to remain quietly in his cell; but his derangement becoming no longer a matter of doubt, he was transferred to an asylum. The other case observed was that of a workman,

condemned to ten years of hard labor for having, in a fit of jealousy, killed his wife. His antecedents were irreproachable, as were those of the victim, and her pretended paramour. The murderer perceived his rival everywhere; his wife made signs to him; she went out by night to find him; he penetrated even into their chamber to have intercourse with her. He had seen his brother also enter his own bed, and place himself between him and his wife. The mayor and witnesses were unanimously of opinion that the accused had acted solely under the influence of his own hallucinations. Persuaded of his insanity, we addressed a petition to the authorities; it was transmitted to the minister of justice, and soon after we read in the papers that a committee had been appointed to examine into the subject of the insane in prisons. It is a sad thing to think that these two unfortunates could be confounded with real criminals, and that, with their reason sound upon subjects unconnected with their delirious fancies, they have comprehended in full the horrors of their situation.

An English physician, Harrington Tuke, who gave testimony before a Parliamentary committee, did not hesitate to say that the chances of the insane of suffering capital punishment, were like drawing in a lottery. Shocked at such instances, we have for twenty years urged the establishment of a special asylum for the vagabond and criminal insane. This idea seems to have finally reached government circles, judging by a note inserted in the *Journal des Débats*, in 1867, the import of which is that "it has been decided that special asylums be annexed to the chief prisons for confinement, after trial, of persons who manifest evident signs of insanity." The plan that we preferred was to found an asylum like those of Broadmoor, near London, and Dendrum, in Ireland.

In order to appreciate the value of his works, and their high authority, we must bear in mind that Mittermaier, analyzed with great care the phenomena connected with mental disease. At the outset of his career, a medical student, he continued, notwithstanding his change of profession, to attend medical lectures for many years. Besides a close study of the works of both foreign and native authors upon his chosen subject, he constantly visited asylums for the insane. He is therefore peculiarly qualified to treat questions relating to this department of medicine, and his method widely differs from that of others, jurists and literary men, who have discussed the subject of insanity. This view of his method lets us into the true conception of his work, which is conceived in a spirit of logical connection. Whoever hears a rich man declare that he is ruined because he has met with some slight pecuniary loss, or that he cannot eat because he has no mouth, although his appetite is excellent, believes at once that he who uses such language is not sane; but if the same person talks to him intelligently upon other subjects, he naturally enough regards him as of sound mind outside of his mistaken ideas. Just here is the origin of the general irresponsibility of the insane, and of their partial responsibility. And yet this man, subjected to daily and prolonged observation, will almost always exhibit both in word and in deed, marks of permanent insanity.

It is indeed difficult for a careful observer to admit that the human mind can be cut into slices like a fruit, or be divided into a series of little compartments, or of drawers marked and labelled: the mind of man is not thus made, *it breathes all at once*. (J. LEMOINE.)

Mittermaier is fully convinced of the physiological unity of the mind, whether sound or unsound; and he therefore collects the facts and arguments most suited to prove the necessity of the irresponsibility of the insane.

The farther his researches extend, the larger his list becomes, and the more the examples instanced converge towards the doctrine of irresponsibility. Now it is the accused who maintain, in spite of their own counsel, that they are not deranged; the courts condemn them in consequence of their declaration, and soon after it is necessary to send them to an asylum. At other times, autopsy reveals the malady, as in the case of the American Freeman. A new fact in point was lately produced before the Anthropological Society, by Prof. Broca, who presented for pathological test the head of Lemaire, who was executed as an assassin, but at his trial doubts were entertained as to his mental soundness. The face showed a prognathism as pronounced as in the inferior negroes. The brain was small, and weighed only 31 oz. The frontal of the head was very little developed. The pia mater (one of the envelopes of the brain) was thick and injected, and adhered to the surface of the cerebral hemispheres, so that it could not be detached without peeling of the convolutions. This unfortunate is thus proved to have been at the moment when he conceived and executed his crime, a prey to a malady which destroyed his reason. Jurists and writers who have not lived with these sick people, have thought to find a triumphant refutation of their irresponsibleness in the fact that they have been heard and seen to speak and act rationally for hours together, and even longer; write intelligible letters, evince a sentiment of right and wrong, of justice and injustice. But the preservation of the reasoning faculty in the insane, is not more astonishing than the normal action of the stomach, and other organs, during severe diseases. There are, in fact, pathological states with periods of remission, in which the various physiological functions are maintained and repaired, though the disease is latent, and even makes

progress. We attended the autopsy of a woman at the Hôtel Dieu, who had eaten as usual up to the last day of her life, without any derangement of the digestive ducts having been observed. Yet the stomach (*except the peloric*) *was almost entirely reduced to a gelatinous coating*, by a cancerous affection, the existence of which had not been suspected by her medical attendants.

The reasoning faculty, besides, manifests itself very early in infancy. Beginning with about the third month, says the celebrated physiologist, Schræder Van der Kolk, the infant quiets when raised to be put to the breast. Experience has already taught him that satisfaction of his wants will follow. He now knows the consequences of crying, and he cries with the intention of obtaining something.

But the faculty of reasoning, born with the individual, will continue, so long as the special vitality appropriate to the function remains.

From this, then, the faculty of reasoning continues to exist in the insane; it follows that they will know how to distinguish justice and injustice, right and wrong, since they differ from other men only in the impossibility of controlling themselves, in that point where they are unsound, which unsoundness they do not admit, or if conscious of their delirious conceptions, by their inability to control their will.

This proposition is admitted by all specialists. It was, in 1865, before the Commission appointed by the English Parliament to investigate the question of capital punishment, that, for the first time, in a meeting of legists was discussed the responsibility of criminals in whose favor insanity was pleaded. Dr. Harrington Tuke stated in his deposition, that fifty-four eminent physicians of asylums, combatted the doctrine of English judges who persisted in making responsibility depend

upon the knowledge of right and wrong. They unanimously agreed that such a test was irreconcilable with facts known by all of their own number, because this knowledge often exists in individuals whose mental derangement is unquestionable, and in connection with unsound, dangerous, and irresistible tendencies.

The declaration of the fifty-four English physicians, connected with asylums, was a practical and irrefutable answer to the decision of the judges of the supreme court. It was called out by the debates in the House of Lords, on occasion of the acquittal of MacNaughton, an insane person, who had killed the Secretary of Sir Robert Peel, and whose case had excited public attention. The principal points of this decision were as follows:

1st. An insane person who commits a crime under the influence of his delirium, is amenable to punishment, if, at the moment of the act, he knew that he was acting against the law.

2d. Every person should be supposed by the jury to be of sound mind, and responsible for his acts, until the contrary be found: (this is the doctrine of legal supposition.)

3d. It must be clearly proved, in order to allow irresponsibility, that, at the time of committing the crime, the insane person had no consciousness of his crime, or, if he had, that he did not know he was doing wrong.

4th. The partially insane (monomaniac) who kills because he thinks he is acting in self-defence, is not culpable, while, if he kills to avenge a supposed injury, he is responsible.

5th. There is no necessity of consulting a physician, if he has seen the (supposed) insane person only in the course of the trial, unless it be shown that the case in question is one which calls for a scientific opinion; but in this event, his advice is not to have the weight of a legal decision.

These five propositions still have the force of law in England, and, in part at least, in the United States. Some go further, and as the Lord Chancellor, do not admit that insanity is a disease. Is this not a distant

echo of those who once affirmed that monomania was a new device of the physicians?

Mittermaier has had no difficulty in proving that these propositions of the supreme court were errors of fact, and contained flagrant contradictions. He shows that the grounds of the antagonism between the English judges and physicians, depended, 1st, on the legal distinction of the kinds of insanity which exclude responsibility; 2d, upon a deficiency in lawyers of practical knowledge of mental maladies; 3d, upon their attachment to former decisions; 4th, upon their belief that the criminal are always insane, in the opinion of physicians; 5th, and lastly, upon their confidence in the method of intimidation.

The foregoing supports Mittermaier's strong protestations against the doctrine of the "legal supposition that every person accused of crime is sane," and his recommendations to government to encourage psychical instruction among jurists.

In one of the first volumes of the *AMERICAN JOURNAL OF INSANITY*, we read that the inmates of a large asylum, having heard of a crime committed in their neighborhood, constituted themselves into a court: judge, lawyers, jurors performed their functions, as if they had been real; and the case was equitably decided. Yet these were insane people, confined in an asylum for reasons which would not admit of their being at large.

A committee, appointed in the year 1865, by the Society of German Physicians for the Insane, adopted conclusions similar to those of the fifty-four English physicians.

This doctrine, taught by Mittermaier, is also professed by Griesinger, in the second edition of his "*Treatise on Mental Diseases*," and, we may add, is also that of almost all French medical authorities. As an example

of the importance, so falsely attributed to the faculty, of distinguishing between justice and injustice, Mittermaier reports the observation of an assassin, whom he saw in a hospital for the insane. This man had killed his father. When asked by Mittermaier, "Don't you know that parricide is a crime?" he answered, "Indeed, I do. But God having sent me into the world to punish great sinners, of whom my father is one, I have killed him, in obedience to the divine command." One of our own inmates said to me one day, "I know that if I killed you anywhere else, it would go hard with me; but I am here, because I have been declared insane, and a crazy person is not responsible for his acts. If I do not carry out my plan, it is because my courage fails me." As a matter of fact he was right, for his examination had established his derangement beyond a doubt.

A trial which took place in America, shows the evil results of the erroneous opinion as to the value of the continuance of the reasoning faculty, and the notion of right and wrong. A man named Patton was on trial for murder. After the case had been opened by the prosecuting attorney, the counsel for the insane rose to present the plea of insanity. The defendant immediately rose, and protested against the plea being accepted. The court adopted the opinion of the accused, and the jury found him guilty.

The supreme court fortunately quashed the verdict, which was founded upon the *legal supposition* of the sanity of the accused, which, as we have seen, English judges start with assuming. One of the reasons of the last decision was, that this supposition could not rest on the affirmation of the accused; that it was a matter of fact for the jury to decide according to evidence.

Mittermaier shows, too, the application of this knowl-

edge of justice and injustice, in instances where the insane apply to be admitted to an asylum, for fear of killing themselves or doing harm to others. ' There are, he says, among the afflicted those who reason so well that it is only after considerable observation that their mental malady is recognized by the physicians.

Heard, formerly physician at Bedlam, testified before the Commission of Inquiry, into the subject of capital punishment, that while he was connected with the quarter of this asylum assigned to the criminal insane, he observed 250 individuals accused of crime, and acknowledged to be insane. In some the disease appeared at first very doubtful, and only pronounced itself more lately. In cases where the accused had been acquitted on a verdict of insanity, in spite of the opinion of the court, subsequent developments in each case confirmed the correctness of the verdict of the jury. Even when cases do not develope into evident insanity while at the asylum, autopsy has sometimes demonstrated its existence, as in the cases of Freeman and Lemaire.

Mittermaier lays stress, also, upon this point, that an attempt to establish different degrees of responsibility, may be attended with deplorable errors; as in the case of one who was acquitted of parricide, on the ground of hallucinations, and sentenced to prison for a theft, the moral consequences of which he perfectly comprehended!

In accordance with the foregoing cursory survey which Mittermaier himself has amply developed,* he is brought to the following conclusion; he pronounces emphatically for the general irresponsibility of the insane,

* Mittermaier, *Nouvelles recherches et appréciations psychiatriques pour juger la question de responsabilité dans les crimes commis par des aliénés accusés*, troisième mémoire publié dans *Friedreich's Blätter für gerichtliche Medicin*.

because, judging by what he has seen and read, there cannot be half insane, quarter insane people: he thinks with d'Aguesseau, that the brain cannot suffer lesion at one point without the whole organ being threatened with suffering in the same way at any moment.

In the second part of his work, Mittermaier aims to show the method of arriving at the above results; and here he insists strongly that the medical specialist only is capable of performing the duties of an expert. For who else can speak with authority in respect to a malady whose beginnings are often insidious and of long continuance; whose development, more or less variable, presents intermissions, remissions, lucid intervals, deceitful appearances of cure, changes sudden in their form, and often extremely difficult of diagnosis. As an example of these difficulties, Mittermaier cites an anecdote of the learned Dr. Jacobi, director of the asylum of Siegbourg, who, being engaged to examine Reiner Hoteshausen, who was accused of theft, and was suspected of feigning insanity, declared, after many months' of observation, that he feared to give an opinion; more lately, that the accused was feigning insanity, and finally, that he had made a mistake—that the man was really insane.

In order to give a positive opinion upon the presence of insanity, says Mittermaier, it is necessary:

1st. To search for indications of a change in the habitual disposition of the accused.

2d. To ascertain the physical and psychological symptoms of the disease.

3d. To point out the causes that may have acted on the brain.

4th. To mark carefully the way in which the mental affection has manifested itself, whether by depression or exaltation.

By these means we can establish, he adds, how the morbid affection has acted upon the intellect, the sensibilities, and the will. In this way we may be enabled

to know the influence of mental derangement at the moment of the perpetration of the crime, and the symptoms that support this opinion. Of no less importance is it to review the reasons which authorize the supposition that the commission of the crime marks the highest degree of the malady, the *détente*, which often follows its accomplishment; the more or less considerable remissions, which appear according to the nature of the disease. To these indications he joins hereditary influences, predisposition to certain morbid affections, the effect upon the language and acts of long-continued delirious conceptions. The consideration is insisted upon that when society accuses a man of crime, it should take him as an individual, and not forget that the limits between health and disease are not fixed. It must also be borne in mind that disorders persisting for a longer or shorter time may be manifested spontaneously, or on account of certain accidental circumstances; and that the physical may act upon the psychical state, and produce mental disorders. (See Griesinger, p. 61.) But we have not always these means of proof in cases before the courts.

However extensive the experience of the physician, difficulties of the most serious nature often present themselves. Mittermaier frequently refers to the sick, who conceal their delirious fancies, and protest against the charge of insanity; even persist in the denial, when this plea would acquit them before a tribunal of justice. Dagonet reports one insane epileptic, who opposed so vehemently the plea of insanity, made in his behalf by his advocate, that, as in the case of the American Patton, he was considered as responsible, and sentenced to a long term of imprisonment. Some days afterwards, he had to be transferred to the asylum of Harpersfield, to be treated for insanity.

It is not rare to hear the insane accuse themselves of crimes which they have not committed. Forbes Winslow records the case of a merchant, who affirmed that he had committed murder, with such an appearance of truth that he was arrested. Soon after a servant, formerly in his employ, came forward, and gave evidence as to his weakness of intellect, and to the impossibility of his having committed the murder. The pretended victim was presently discovered safe and sound.

Difficulties present themselves in the analogies existing between insanity and phenomena, which are to be referred to vicious habits, to culpable inclinations, to fits of passion, all of which may lead to criminal acts. Mittermaier observes that, in general, reprehensible acts, resulting from these states of mind, have only a transient existence, while those which depend upon insanity have some considerable duration.

It sometimes happens that an individual who has committed a crime under circumstances indicative of mental derangement, appears, when questioned, to be in full possession of reason. No symptom of derangement can be perceived. There is need, then, of recourse to the most minute precautions, to ascertain whether the case is not one of instantaneous, transitory mania, of epileptic insanity, as in the case reported by Casper, of the Russian member of council. Here, as elsewhere, certain complications should be understood, such as paralysis, epilepsy, hysteria, nervous affections, heart-complaints, derangements of menstruation, the critical age, &c. All these have a marked influence upon insanity, and are, according to our author, a new proof of the competence of physicians in the examination of mental affections.

The preceding cases, noted by Mittermaier, are the more embarrassing, as they are not strictly classified:

others to be mentioned have more points of contact with insanity, but their diagnosis is often obscure.

The doctrine of irresistible impulses (impulsive insanity,) has been vehemently attacked, especially when it has been sought thereby to account for murder, theft, arson; but a patient study of the facts has established beyond a doubt that these fatal impulses are almost always incident to recognized states of insanity, of which they are only a symptom. Every physician for the insane has met with cases of irresistible impulse, which appear entirely independent of any commonly received type of mental alienation. Mittermaier reports the case of a distinguished man, who applied for admission to an asylum, because he had an irresistible inclination to kill his sister, and the evening before had wished to carry it into execution. His conversation indicated no trace of derangement. These impulses are very frequent in different forms of insanity; inspector-general Girard N. Cailleux has collected one hundred and fifty-four cases among the inmates of his own asylum.

Fixed ideas in the insane may have deplorable results. Although their diseased origin is established, these ideas have nevertheless given rise to very different opinions. From Mittermaier's fifth dissertation upon medico-legal investigations, we learn that two melancholics, who had killed their children, one to save them from misery, the other from dishonor, were convicted, because the medical expert, instead of attributing their acts to derangement, imputed them to crime. Three others, similarly afflicted, also guilty of infanticide, two of them from fear lest their children should become abandoned like themselves; the other, that his son might not run the risk of eternal damnation, were on the other hand, recognized by the courts to be insane.

Mittermaier, in an able review, shows that the conviction of the first was owing to the fault of the expert, who relied on metaphysical arguments; while the acquittal of the others was due to the consummate experience of the medical experts, who established, beyond a doubt, the presence of insanity. It is a noticeable circumstance, that in many mental affections the deranged sometimes find solace for their own sufferings in the crimes that they commit. The amelioration felt by them after the perpetration of the culpable deed, the return to reason, usually but of transient duration, but sometimes also permanent, have been observed by all physicians for the insane. They have given to this state the name *détent*, and consider the crime as the highest degree of the crisis of the disease. It is certain that in more than one case a general improvement immediately succeeds the execution of the culpable act. They are then astonished at what they have done, and regret it. With many there is utter forgetfulness of what has taken place. On the other hand, it is equally certain that, especially in the case of the melancholic, there are those who suffer from remorse. The committing of crime is, in these instances, somewhat analagous to the treating of objects in a fit of anger.

Transient mania and *reasoning insanity*, subjects which have been so warmly discussed, are judiciously treated of by Mittermaier.

There is such a state, he says, as transient mania, but, when pleaded, should be submitted to special examination. The case of the young man of Bordeaux, seen by Devergie, that of the accused person in Rennes, mentioned by Dagonet, both of whom were acquitted, prove that this form of insanity may be pleaded, and admitted by judge and jury. To dissipate all doubts, it is necessary, however, to scrutinize the past life of the pa-

tient, to consider the circumstances which have determined his acts, and we shall generally find a deranged mental condition, which accounts for the sudden deed.

It is principally in *reasoning insanity*, that the most able physicians encounter obstacles sometimes insurmountable. Experience, in fact, proves that there are insane persons who are very skillful in dissimulation in everything relating to their mental condition; who not only know how to conceal their disease, to pass from one subject to another, for the purpose of deceiving, but even prefer the bitterest complaints against their parents, and reproach them with having imprisoned them, with persecuting them. They accuse the physicians of the institution of complicity with the members of their family, and charge them with favoring their cruel designs. In the opinion of Mittermaier, this variety of insanity is symptomatic, not constituting a particular species. This is, also, the opinion of Leidesdorf, of Vienna, expressed in a recent communication to us.

It would take too long to give an analysis of all the treatises of our author upon medical jurisprudence in its relation to the insane. We have endeavored to present a brief summary of his views upon the two questions at the head of this article. Our attempt will not have been in vain, if counsellors-at-law now possess a practical guide in judicial questions relating to the insane. The eminent author, with his scientific acquirements in the law, and his knowledge of medicine, has annihilated the objections drawn from the persistence, more or less transitory, of reason, notions of right and wrong, of justice and injustice, of consciousness of the reprehensible act, of regret at having committed it, &c. It is indeed well known that these analogies, which, as well as others, they have in common with the sane, remain in them struck with inertia, by reason of the loss

of control over themselves, and the powerlessness of the will. Disembarrassed of these much exaggerated obstacles, Mittermaier sketches clearly the rules for determining legal responsibility, and for medico-legal investigations. One capital result arrived at in his works, is, that among those charged with crimes, there are other insane, that is *sick* people. It is therefore justly maintained that medical specialists are the only ones fit to fulfill in these cases the duties of experts. Even in doubtful cases, he thinks that physicians may still give the result of their observations, but the decision must then be left to the intelligence and impartiality of judges and juries.

The radical conclusions which we have endeavored to set forth, have been attained by our philosophic scientist, by means of the experimental method of inquiry. The tendency to the positive method, so fruitful in the department of the natural sciences, and which is the characteristic of modern science, led the celebrated jurist to treat the legal questions relating to insanity, solely in the light of practical knowledge of the subject-matter.

He has thus opened a new era in the psychical department of legal medicine, by inaugurating, after so long a strife, the practical and reasonable intervention of jurists in the sphere of medical jurisprudence, and an alliance between them and physicians for the insane.

Mittermaier is not, indeed, the first who has raised his voice in behalf of the unfortunate who are deprived of reason. But no one before him had verified the doctrines of physicians by thorough investigation of their works, and by clinical examination of those afflicted with mental maladies. Herein lies the distinctive characteristic of the German jurist. He does not appeal merely to good sense, but to good sense enlight-

ened by observation. Before stating his opinion he places himself upon the ground of scientific medical proof. Aided by his early medical studies, never wholly discontinued, he begins by announcing that he has found in prisons, among both the accused and the convicted insane persons, many of whom were actually so before their imprisonment, and often before committing the crime with which they are charged. But Mittermaier takes a more decided step in advance; psychological knowledge, he says, does not suffice for forming an opinion concerning mental maladies, which are usually closely connected with physical disorders. Physicians for the insane are the only persons who have the aptitude required for fulfilling the functions of experts. A complete enumeration of the principal points in the investigation of insanity, a multitude of conclusive facts, which can be known only by those who live with the insane, and which he takes from the most trustworthy sources, when he does not draw upon his own experience, amply confirms his opinion as to the employment of experts.

But while he makes of so much account the experience of medical specialists, Mittermaier is careful to remark that they should never stray from the region of well observed scientific facts, that they should be reserved on debatable points, and surround themselves with all possible guarantees in difficult cases. He recommends them to speaking only of what they know, and to avoid launching out into metaphysical dissertations. Their business is to state clearly and precisely the facts which they are engaged to examine: the office of the judge and jury is to pronounce upon the responsibility of the accused, when insanity is plainly proved. We will repeat here what we have elsewhere written respecting Mittermaier: "It is a great triumph for that department of medical

science which treats of mental disease, to see the law-professor of the University of Heidelberg, the most illustrious juris-consult of Germany, the author of so many remarkable works, former president of the parliament of Frankfort, and Baden, affirm that physicians for the insane have rendered the greatest services to humanity by the progress they have made in their science. Is not this praise also the best recompense for the unjust blame to which they have been subjected?"

Interesting as are the works of Mittermaier, on more than one account, as being the result of the combined services of the legist and the physician, and so important that they may be entitled "a psychiatric medico-legal manual for the use of lawyers," they of themselves give but an incomplete idea of this illustrious savant. To appreciate him at his highest worth, we must refer to those moral features of his character which have placed him high in the estimation of his fellow-citizens.

Mittermaier is, first of all, a lover of science; he seeks it in books, in men, in travel, from which he returns every time with fresh acquisitions; but that which commends him above all to our regard is the aim of his incessant labors,—the amelioration of man, the moral advancement of the race. As law professor, this is the foundation of the instruction which he bestows without stint upon multitudes of pupils from all countries.

As a jurist, his treatises unceasingly demand the simplification of proceedings-at-law, the equality of all before the law, due proportionment of punishment to the crime, the improvement of the criminal, the abolition of capital punishment. As a legislator, he sees accomplished various important reforms, in which he has zealously coöperated, and among them the abolition of capital punishment in two German states. As a private man, he is ever sensible to the calls of the unfor-

fortunate. He maintains, out of his large means, acquired by his own indefatigable labor, benevolent institutions; among others, an orphan asylum, where he gives lectures on moral philosophy and natural history. He has already bequeathed his library of more than 15,000 volumes, to the university of his adopted city.

Most happily did the municipal council of Heidelberg, in view of this union of eminent abilities with conspicuous independence of character, in congratulating him upon occasion of the celebration of the 50th anniversary of his doctorate, address him in these words: "You have remained faithful to your device: '*Nulli me mancipavi.*' *Unbought, unpurchasable, inaccessible to corruption, always true, in word and deed.*"

Another of his biographers, has summed up his eulogy in this phrase: "Humanity is both his greatness and his weakness;" meaning doubtless by the second expression his moderation, his tolerance for the exaggerations, the passions, and the injustice of partisans.

Humanity! this shall also be our last word for Mittermaier, who by his elevated talents, the beauty of his character, his nobility of heart, belongs essentially to that universal religion which will always have its defenders, its martyrs, and its heroes.

ASYLUM SCHOOLS IN IRELAND.

BY J. W. BARSTOW, M. D.*

The systematic instruction of asylum patients in schools and classes—whether as a recreation merely, or as a means of treatment and mental discipline—has, I

* Read before the Association of Medical Superintendents of American Institutions for the Insane, held in Hartford, Conn., commencing June 15, 1870.

think, received little attention in the United States ; at least, I can safely say that it has never been incorporated into our asylum practice, and made a part of our daily asylum routine.

In a few of the public Institutions of Great Britain and the continent, the experiment has been successfully practiced for many years past ; and I have thought that the Association might listen without fatigue to some imperfect notes which I made on the subject while visiting some of the European asylums, during the Summer of 1869.

The credit of inaugurating the experiment of teaching lunatics to read and write in the asylums of Europe, belongs to Ireland. Previous to 1855, something had been done by individual Superintendents in the way of imparting instruction to their patients, but in that year the governors of the Richmond District Asylum,—the large public institution which receives the nine hundred pauper insane of the city of Dublin and of the county of Wicklow,—recognized the necessity of providing some greater variety of occupation for their patients,—who were uniformly of the poorest and most ignorant class,—and determined to establish a school department in the Asylum, and make the attempt to instruct all those patients whose mental condition would allow.

The experiment was commenced by remodeling some of the old wards, and converting them into school-rooms. Teacher-attendants of both sexes were secured, capable of acting in the double capacity of teacher and nurse ; and enough was accomplished in the first year's trial, to satisfy the Board of Governors and the public, that the experiment could be made a complete success. From that time to the present—an interval of fifteen years—the school accommodations and appliances have been gradually enlarged, the educational staff increased,

grades and merit rolls introduced, and the mere routine of reading and writing has now become extended into a curriculum similar to that of the best schools in the Kingdom.

The pupils are arranged under divisions, according to capacity, or proficiency; and each division is subdivided into sections and classes. No order of intellect is excluded from the schools. The idiot receives what benefit he may from object teaching; the demented patient is roused and amused with pictures and maps, and with military and gymnastic drill; while the more apt and quick-witted scholar, however erratic, is carried forward from the simpler to the higher branches, as his capacity will allow, or his ambition may urge him. Rhetorical exercises and dramatic entertainments are also provided, to give zest to the more prosaic duties; and a judicious system of rewards and discipline, furnishes, as may be needed, a stimulus or a check.

The history of a single school day in the Richmond Asylum is as follows:

The hour for assembling in the morning is 9 o'clock. Fifteen minutes are occupied in a thorough inspection of all the pupils, as to cleanliness.

9 1-4 to 10 1-2 o'clock.—Object lessons and teaching simple exercises in writing and spelling, with the black-board. For more advanced classes, arithmetic, dictation, reading aloud, writing and drawing.

10 1-2 to 11.—Singing and calisthenics, with musical accompaniment.

11 to 12.—Out-door games and in-door amusements.

12 to 1.—Study, which finishes the morning.

Afternoon.—Assemble at 3.

3 to 3 1-2.—Singing and school drill.

3 1-2 to 4.—Object lessons again, for idiots and beginners. Drawing, reading and reciting verse for those more advanced.

The complete list of studies and exercises includes, in addition to the above, writing on slates and blackboard from copies or from dictation; grammar, with parsing and derivations; geography, with maps, &c. What is known as school drill, includes marching to music; practice of muscles; marking time with hands and feet. This is chiefly for idiots and imbeciles, to whom are also taught the rudiments of numbers with the *arithmeticon*, or counting machine.

Religious instruction is given to all the classes on Wednesday and Friday of every week.

Of the whole number of 870 patients in the Richmond District Asylum in 1868, the list of pupils on the school-rolls was 374, or about 40 per cent. Of these, there were 198 males and 176 females. Average daily attendance of both sexes during the year, 74.

In such a miscellaneous assemblage as a large Irish asylum would necessarily furnish, we should scarcely look for any but the simplest proficiency in the ordinary branches; and yet the same table of statistics shows that in 1868, three of the patients themselves were able to assist the teachers in their work of instruction: eighteen received lessons in elementary mechanics, taught by a patient from his own diagrams; two pupils received profitable instruction in geometry and algebra; two also in book-keeping; and one in painting in chalks and water colors.

The in-door amusements above alluded to, are dancing, marching, and singing, bagatelle, backgammon, draughts, cards and chess. The out-door exercises includes military drill, walking in garden, excursions to Phœnix Park, Zoological Gardens, Glasnevin Cemetery and other places of interest in Dublin and vicinity. All these I mention, as being made a part of the school system of exercise and improvement, and they are also made available as rewards of merit.

Vocal music is also a prominent feature of the Richmond school routine, and the exercises were of great variety, and creditably performed. The classes are taught, according to their capacity, to sing sacred music, the national anthem, Irish songs, &c.

The pupils are arranged on a raised gallery facing the teacher; all are required to beat time, and the voices are accompanied by piano, played by an advanced case of chronic dementia.

The school-rooms for males and females were of course quite distinct. The walls are made attractive with pictures and maps and sketches; the work, for the most part, of the more advanced pupils.

The absorbing interest which was manifested by the pupils in their school exercises, could not fail to strike the observer: and they furnished, to my own mind, one of the strongest arguments in favor of the valuable influence of this noble experiment.

Old and young were seated upon the same benches—gray heads alternated with youth—every expression of countenance, every degree of intelligence, every grade of moral development were represented in these school-classes of lunatics. Some had evidently forgotten to be noisy under the sedative influence of quiet study. Others in the absorbing interest of their books, laid aside for the time their peculiar and disturbing fancies, and worked away at their copy books and spelling lessons, regardless of visitors and of all outside considerations.

Occasional interruptions were of course to be looked for. Here and there, the words or the gestures of acute mania, would for a moment disturb the general peace, and the vacant eye or aimless smile of dementia would occasionally betray itself in the intervals of abstraction from the subject in hand; but nobody was diverted from his task by these trifles, and the teacher proceeded

quietly with his work, patient, cheerful and kind, without being interrupted or ruffled. What an example of the humanizing and sedative and controlling influence of order and routine! As such, it seemed to me wonderful; and I hardly knew which to commend the more, the originators of such a scheme, or the humbler instruments who were faithfully carrying it forward, and developing its benign results.

I have given these details of this special asylum school, as the Richmond District Asylum was the first to attempt the school experiment, *and* still stands first in its successful working.

Dr. Lalor, the Superintendent, is a noble specimen of a Christian philanthropic asylum officer. He is a Romanist without prejudice, and a Catholic in the highest and noblest sense. He regards the school system as his best and most efficient police regulation, his most convenient anti-spasmodic, his readiest repellent, and his most trusty sedative.

Dr. L. informed me that comparatively few patients *learn to read*, but that having previously received some instruction, great advance is made in the asylum school. He also stated as the result of his experience, that the male pupils invariably excelled the females in aptness and in their general progress.

In a few other asylums in Ireland, the school system is also in successful practice, but of this I know nothing by accurate observation. In the Morningside District Asylum, near Edinburgh, Dr. Skae has attempted the systematic instruction of his patients, and with some success.

In the Wakefield (England) Asylum, Dr. Crichton Browne, (son of Dr. Brown, the Scotch Commissioner in Lunacy,) there are 1,400 patients, of all grades and varieties of mental disease, including epileptics, para-

lytics and idiots. Here, also, the school system has been attempted, but less success has attended the experiment.

In the Bicêtre—that strange and venerable old dépôt of suffering humanity in Paris, with its 3,000 male inmates, of which 1,000 are lunatics—the school system has been in successful progress for many years. A head schoolmaster is employed, and teacher-attendants assist. Nearly one-half of all the patients receive some sort of instruction every year. School-rooms are provided, the walls decorated with maps and pictures, furnished by the pupils as above described. Text-books, globes, and various apparatus are employed, and some of the most violent refractory patients are, in their intervals of tranquility, the most docile and intelligent scholars.

Now, I do not argue that because the school system has been successful in many European asylums, it is therefore equally adapted for use in our own. When education is less generally diffused, and where means and appliances for learning are so limited as in Ireland, this experiment has a value that we cannot appreciate or estimate here. With many of the poor creatures who drift from their squalid homes in Wicklow, or from the streets of Dublin, into the Richmond Asylum, the school-room wards, and the teacher-attendant offer their sole chance in life for learning to read. This system of instructing patients may not, I repeat, be a necessary or a desirable addition to our own resources for moral treatment. But the *principles* of moral treatment are everywhere the same; and it is only in their application that we can make a difference. If to amuse and to entertain our patients, be a noble aim and duty of those having the care of the insane, surely to *instruct* them is a duty even nobler and higher.

Dr. Lalor, in his excellent report for 1868, says:

“With the enlarged means that will be afforded by the large school-rooms and other proposed additions to our asylum, I hope to do still more justice to a system which commands my full confidence and high admiration. No thinking mind can reflect for a moment upon the principles upon which education in general is based, without coming to the logical conclusion that it is only by the application of these principles to the insane, that what may be called their *moral treatment* can be fully carried out.”

Of the soundness and the safety of Dr. Lalor's view, his work furnishes a practical evidence, and whatever be the lesson which we may gather from his example in this regard, the results of his humane labors cannot fail to command our full admiration and sympathy.

•••

S U M M A R Y .

DR. MCFARLAND.—From the *Chicago Medical Journal* for September, we learn that Dr. McFarland, the late Superintendent of the Illinois Hospital for the Insane, has proposed himself as a candidate for the State Legislature of Illinois; with a hope, if elected, of enlightening the people of that State on the subject of their public charities. Their late monomaniacal legislation, as manifested in the most preposterous and inhuman law pretending to protect personal liberty, certainly exposes them to the charge, which he makes, of its having been instigated by a fascinating crazy woman, who managed to seduce partisan prejudice and ignorance for her allies. Dr. McFarland is perfectly competent to give a proper and wise direction to legislation on the subject of hospitals for the insane and other

State charities. We take no sides in mere partisan contests; but we may be permitted to suggest that any legislative body might consider Dr. McFarland as an ornament to it, and that any constituency might congratulate itself on being represented by a gentleman of so much general and professional intelligence, and of such sterling character. If all legislatures could be composed of men of equal worth and ability, their acts would be liable to less severe criticism than has deservedly followed some of the late legislation of Illinois.

We have not seen the Doctor's manifesto, but copy a paragraph from an extract which we find in the *Medical Journal*, and which explains his motive and provocation for seeking a position of legislative influence :

Among the devices conceived to annoy and punish the individual particularly aimed at, [the Doctor himself,] was an enactment, speciously entitled: "An Act for the Protection of Personal Liberty," clearly intended as a stinging insult to the Superintendent of the State Hospital; imputing to him a disposition to commit a high crime against the liberty of the innocent unfortunate, and appending the most degrading penalties known to the law for the offence. An act to prevent John Brown, of a particular city, street and number, from stealing sheep, could be no more justly offensive to the John Brown indicated, than is this enactment to myself. But the personal affront, attempted in the passage of the act, bears no proportion whatever to the wide-spread and cruel wrong it has inflicted on the class it is ostensibly intended to benefit. Its first effect was to draw from the quiet of their apartments nearly all the inmates of the State Hospital, and subject them to the mockery of a new inquisition—a measure full of disaster, but for the rare good sense and discretion of a Morgan county court and jury. Since that period no individual in Illinois, whatever may have been the circumstances of sex, age, physical health or residence, who has needed treatment at the institution, but has had to pass the harsh ordeal laid down in this most singular statute. It converts every unfortunate insane person into a DEFENDANT IN A PROSECUTION, in which the dearest friends of the party are, in the necessity of the case, converted into apparent enemies. It often takes the invalid from the bed of sickness, to be transported, perhaps miles in an

opposite direction from the institution, to a county seat, there to be adjudged by the ignorant hangers-on of a court house, who must hear, prior to their decision, the secrets of the family, and the sick room laid bare, as the accidents of the case may determine. What should be decided by a county judge, in the privacy of his chambers, and upon the certificates of medical men, is made to depend upon the haphazard opinions and caprices of men grossly ignorant of the subject before them, the obvious effect of which frequently is to defeat the most kindly intentions of friends, and consign to hopeless insanity many whom a more ready access to the institution would have restored to reason and society. This enactment has met the derision, and received the protest of every philanthropic mind throughout the land. Persons of any sensibility, who have the means, evade it by transporting insane friends to distant private institutions. Within a year, the ecclesiastical head of a great religious body, and also a member of the convention chosen to frame a new constitution for the State, have been carried out of the State, rather than be submitted to so odious an inquisition. The imagined wrong it was pretendedly set up to correct, thus affords a pretext for a greater possible wrong, in this constant abduction.

THE CASE OF DR. ROSENBERG.—Judge Allison, this morning, delivered the following opinion in the case of Dr. Rosenberg :

In the matter of Louis E. Rosenberg, an alleged lunatic. *Habeas Corpus*. * * * * *

If we are to be governed by the testimony, the conclusion is irresistible that Doctor Rosenberg requires care and treatment, such as he will receive in the institution in which he has been placed—but one physician, Doctor Bascom, differing in opinion with all the others, and he admitting that he had not made a critical or accurate examination of the patient.

It is, however, claimed that the relator is entitled to his discharge, because of the want of a proper legal authority to receive him into the institution at the time he was taken to the hospital by his brother and the physician in charge of the Jewish hospital in this city. The return to the writ asserts the presentation to Dr. Jones of a copy of proceedings in lunacy, taken before the Judge of a Probate Court of Cuyahoga county, Ohio, under which Dr. Rosenberg was declared to be insane. Dr. Jones at first refused to receive the relator, but afterwards consented to his remaining in the hospital with his brother until the necessary papers could be obtained from Cleveland. The same day the brother left the city of Phila-

delphia, without notice to the officers of the institution, and subsequently sailed for Europe. Under these circumstances, and the conviction in the minds of the physicians in charge of the hospital, that Dr. Rosenberg was insane, it was deemed by them advisable to take care of him until the necessary papers were sent to them. The certificates required by the act of April, 1869, were received on the 27th day of November last, Dr. Rosenberg having been taken to the institution on the 20th of that month. The return further sets out that Dr. Rosenberg was then regularly entered on the books of the hospital as a patient; that he had been an inmate of hospitals for the insane in the Western States, and that the reason for bringing him to this city, was, that one of the asylums situated in the State of Ohio had been destroyed by fire, and that the asylum at Cleveland was, for this reason, full, and therefore unable to receive him. That the regularly appointed committee or guardian of Louis E. Rosenberg approved of his being placed in the Pennsylvania Hospital, and desires that he should be kept where he now is.

The act of 20th of April, 1869, provides, in the first section, that insane persons may be placed in a hospital for the insane by their legal guardians, or by their relatives or friends, in case they have no guardians; but never without the certificate of two or more respectable physicians, after a personal examination, made within one week of the date thereof; and this certificate to be duly acknowledged and sworn to or affirmed before some magistrate or judicial officer, who shall certify to the genuineness of the signature and to the respectability of the signers.

The certificate of the physicians and of the justice of the peace is in strict compliance with the requirements of first section of the act of 1869, but there is a radical defect in the application to admit Dr. Rosenberg to the Pennsylvania Hospital. The application is required to be made by the legal guardians of the alleged lunatics, or by their relatives and friends in case they have no guardian. * * *

Mr. Rittberg, who is represented to be a gentlemen of respectability, being a foreign committee, possesses no legal authority in Pennsylvania, and was therefore incapable of making application for admission into the Pennsylvania Hospital, or in any way controlling the person of Louis E. Rosenberg within this Commonwealth. The act requires the application to be made by the *legal* guardian, or relatives or friends. This, of course, means the legal guardian of this jurisdiction; not one whose acts are declared by statute to possess no legal authority with us.

This conclusion would render it unnecessary to proceed further in considering the other questions upon which the application is based. The criticism upon what has been called a violation of the act of 1869, in receiving Dr. Rosenberg without the proper certificate, is more plausible than sound. The return shows that he was not placed in the hospital, in the sense in which the word is employed in the act of 1869, before the 27th of November, the day on which the certificate of the physician was received. There could be no placing of the patient without the consent of the hospital authorities—and the return, which is in no way contradicted, asserts that he was refused admission as a patient prior to the 27th of November. Whilst waiting for the necessary certificates, the return asserts that permission was given to the brother of Dr. Rosenberg to remain with the Doctor until the proper authority could be procured, and that, in violation of his agreement, the brother went away secretly and left the Doctor in the asylum. The authorities of the hospital would have been legally justified in turning the relator out of the institution, but whatever might be said of such conduct as a compliance with the letter of the law, the inhumanity of such an act would not be doubtful, and might have been attended with consequences the most serious to Dr. Rosenberg.

I cannot but regret the necessity which compels me to discharge the Doctor from the institution in which he now is—an institution second to none of its kind in this country; which is under wise management, with one at its head whose learning, skill, great experience and humanity are confessed by all who have knowledge of him. I am fearful Dr. Rosenberg will be greatly the loser if he is removed from the asylum. The consequences may be to him the worst that can be contemplated; but if he is not legally in the institution there is no alternative but to decide the question as it is presented to us.

The embarrassment under which I am placed is to determine what order to make at this time. I cannot turn him loose, to run at large, at the risk of doing injury to himself or possibly to others. The suggestions which have presented themselves to my mind are to remand the defendant until the committee in Ohio can be notified to come to Philadelphia, with the view of making application to be appointed committee of Dr. Rosenberg here, which would enable him to make application in proper form for his reception as a patient into the hospital where he now is, or, if he deems it advisable, remove him to the State of Ohio for treatment there; or, to proceed under the sixth section of the act of 1869, to appoint a commission to inquire into the question of the sanity of the relator for the purpose of reaching a proper disposition of Dr. Rosenberg, either here, or in the State from which he was brought. For the present, therefore, the relator is remanded, and suggestions are invited from counsel as to what course they may deem it is best should be pursued.

AMERICAN JOURNAL OF INSANITY, FOR JANUARY, 1871.

THE MCFARLAND TRIAL.

There are many things in this world that we do not comprehend, and which God probably intended that we never should comprehend, *in this world*. If our souls be immortal, there is time and room after this life of three or fourscore to learn all that our capacity will allow us to fathom. The present life is the infancy of our souls. After it, we may expand our faculties by degrees, and by we know not what sort of education, to a maturity of knowledge far beyond their present capacity of acquiring it. It would seem to be lamentable to spend an eternity without progress in knowledge and wisdom; and we feel and believe that the universe is wider than our present powers of comprehending it. One look through a telescope satisfies us of that, in a mere physical view; one glance of our imagination, one touch of our reason, satisfies us of it in an intellectual and moral view, to the extent that our limited faculties allow us to be satisfied of any thing. Of course one man will differ from another in the clearness and firmness of his convictions; but every one who thinks or feels will have some conviction, more or less distinct, that he has a vaster world and a longer life before him than this.

Nobody pretends to sound the profundity of certain mysteries of constant observation and occurrence which, because they are apparently of course, we are apt to give ourselves very little trouble about. Can any one solve the mystery of his birth, or of his life, or of his death? Can he solve the ultimate mystery of what he deems more insignificant matters,—the germination of seeds, the growth of plants, and all the various operations of nature that he witnesses daily, and with the daily disregard with which he witnesses all customary things? How then can we expect to fathom the great constant mystery of the condition and co-operation of soul and body, of their reciprocal relations and influences? We can see and feel the body; but what is the mind which we cannot see, but do feel, not with any touch of sense, but consciously?

There is a wall of adamant between our human faculties and the spiritual world, or the world supernatural, notwithstanding the kin between them, against which we may butt, with all our brains, in vain. The human mind cannot pass that boundary, which like the gate of Eden is guarded by a flaming sword. The vinegar of human wit is not sharp enough, like the vinegar of Hannibal which solved a way through the mountains, to solve a passage through the barriers which God himself has interposed between the mind of man and the regions he has determined to be inaccessible to human investigation, and to be seen as in a cloud darkly even by faith, which is the only evidence of things unseen. Faith, reasonable, purblind, or stone-blind, is the only alternative provided by any known revelation. We must believe the revelation, or lack the only knowledge in our power. We see effects, we can only infer the ultimate causes; and there are effects which to our senses and to our reason have no apparent cause. The

most daring natural philosophers and experimentalists of these days, who make scepticism the very corner store of their hypotheses and experiments, with all their acuteness, cannot pierce that adamantine barrier, which God has set up against them; "because truth," (says the 'Christian Cicero,' Lactantius,) "which is the secret of the Most High God, whose proper handiwork all things are, cannot be compassed with that wit and those senses which are all our own." Biogenesis, Abiogenesis, Heterogenesis, and Xenogenesis, however interesting as subjects of investigation, and however near they may bring us to the origin of *life*, can never displace Genesis—the first book of Moses—in accounting for the origin of the *soul*. The *earth brought forth* the living creatures after their kind; but God *formed* man after his own image, breathed into his nostrils the breath of life, and he became a living *soul*. They cannot extinguish the innate idea, or notion, or fancy, or conviction, or whatever else it is that makes universal humanity believe itself more important than the beasts that perish; and to claim a superior relationship with the Creator, and a closer connection with the supernatural, the mysterious, the omnipotent, the supreme-controlling, the supreme-originating power; which power we call God, and not force, or magnetism, or any other subtile created thing.

Science has its limits, which, in many directions have not as yet been reached, and its efforts in those directions are to be encouraged. In the region of psychology, a knowledge of the mind or soul as it exists either simply or in connection with the body, the acutest intellects have puzzled themselves, by no means in vain, but with little strict scientific success. All the light they have shed upon it, outside of revelation, is twilight; and as a science proper it can never partake of the certainty

of the purely physical sciences. It seems to defy the power of language, and its professors are ever at logger-heads about terms and definitions and phrases which they never understand alike. The mind itself seems to lack the power to understand and analyze itself without confusion,—“in wandering mazes lost.” Hear Lord Bacon: “Although I am of opinion that this knowledge may be more really and soundly inquired even in nature than it hath been; yet I hold that in the end it must be bounded by religion, or else it will be subject to deceit and delusion; for as the substance of the soul in the creation was not extracted out of the mass of heaven and earth, by the benediction of a *procreant*, but was immediately inspired from God; so it is not possible that it should be, otherwise than by accident, subject to the laws of heaven and earth, which are the subject of philosophy; *and therefore the true knowledge of the nature and state of the soul, must come by the same inspiration that gave the substance..*”

That the new gospel of science, in the manner it is now preached, teaches or tends to materialism and religious infidelity, is a complaint made by many who do not dispute or doubt scientific truth, and who are decidedly zealous for its discovery and its dissemination. There are many religious minds which are neither superstitious nor credulous; but which have reached as firm convictions of the truths of Christianity by a logic, deduced from ethical and intellectual postulates and admissions, as severe as any that science uses in the investigation of physical truths, to say nothing of a sort of instinctive prompting or conviction that is as satisfactory to most minds as any formal process of reasoning. Lord Bacon was of this number; so was Hooker; so was Newton; so was Newton's predecessor, Barrow; so was

Sir Thomas Browne, so was Boerhaave,* both physicians; and so was Butler, famous for his *Analogy*; all men distinguished in science and reasoning, and for intellects eminently fitted to doubt as well as to believe. Their minds were broad enough to discern the difference between the inductive process and method by which physical and natural truth must be discovered, and the moral and instinctive process by which the conscience may be convinced when the intellect may not be. Physical truth and moral truth cannot, from their different natures, be susceptible of the same kind of proof, although each may be satisfactorily proven to the same mind, the one by induction from facts, the other by the assent of consciousness and faith in the moral evidence. Some of the strongest minds reach the soundest conclusions without any communicable process of logic; just as a juryman will give a right verdict, the reasons for which the judge can expound much more lucidly than himself.

We are of those who believe that there is no necessary conflict between science and religion, and that there has never been developed a scientific truth that should cause a doubt in a religious mind respecting the truths of the Christian revelation. The medical profes-

* Boerhaave's first essay (on taking his degree in philosophy) was on the subject of the distinct natures of the Soul and Body, confuting Epictetus, Hobbes, and Spinoza. During his last painful illness, in conversation with a friend he said, "He had never doubted of the spiritual and immaterial nature of the soul: but declared that he had lately had a kind of experimental certainty of the distinction between corporeal and thinking substances, which mere reason and philosophy cannot afford, and opportunities of contemplating the wonderful and inexplicable union of soul and body which nothing but long sickness can give. This he illustrated by a description of the effects which the infirmities of his body had upon his faculties, which yet they did not so oppress or vanquish, but his soul was always master of itself, and always resigned to the pleasure of its Maker."—*Dr. Johnson's Life of Boerhaave.*

sion, we are aware, has somehow acquired the repute, notwithstanding many admitted and distinguished exceptions, of being given, more than other professions, to religious scepticism. The old gibe was, "wherever there are three physicians, there are two atheists!" We believe it to be in reality a popular sarcasm, and not an actual truth, as it respects the mass of the profession; and we think it due to that profession to vindicate it from such an undeserved reproach, on every proper occasion.

These general remarks are suggested by some medico-psychological definitions and assumptions propounded as fundamental for the solution of mysterious questions, which involve a knowledge beyond the human capacity to answer them, and which are consequently beyond the reach of the profoundest human science to master, because they are not purely physical and material questions. It is a great struggle not only with psychologists and medico-psychologists, but with curious and ardent thinkers of every profession, to account for the existence, the nature, and the manifestations of the mind, to solve the mystery of its connection with the body, and the secret of their reciprocal action upon each other. Of course, it is a vain struggle as to its ultimate purpose, although it evolves much useful discovery, particularly on the medical side. Such enigmas defied the acutest intellects of pagan antiquity, without revelation; and they have defied the acutest minds since, with it; and we doubt whether all the psychological developments in the world will ever solve such mysteries without a new divine revelation, which we have no ground to expect; for, according to Bacon's Confession of Faith, this is that one of the three times, or parts of eternity, which is "the time of the mystery, which continueth from the creation to the dissolution of the world."

The newest definition of the mind of man is that it is "a *force* developed by nervous action."* The propounder of this has also written a work† from the "stand-point of regarding the mind as nothing more than the *result* of cerebral action. Just as a good liver secretes good bile, a good candle gives good light, and good coal a good fire, so does a good brain give a good mind. When the brain is quiescent there is no mind." All this is flat materialism, and we are by no means of such a faith. We do not believe that many of the medical profession concur in these assumptions, although they are the doctrines of one of them, and form the very first and fundamental proposition of a medico-legal essay in a contemporary journal. No true expert in insanity, qualified by long, special, and intimate observation and practice among the insane in all their moods and aspects, called as a witness, needs to resort to any such sophistical postulates to bolster his conclusion. He may conscientiously believe a man to be insane, and it is his duty to say so; but it is not his duty to stultify himself and his profession and to befog courts and juries with elaborate sophisms or élenchs, and to be as positive as if he were dealing with a matter of anatomy or chemistry, instead of a subject that involves, in nearly equal degrees, questions appealing to our senses, and questions above both our senses and our reason; an insoluble compound of physical and moral science; "a knowledge," according to Bacon, "concerning the sympathies and concordances between the mind and body, which being mixed, cannot be properly assigned to the sciences of either." Professor Rolliston therefore makes a nice and right distinction:

* *Journal of Psychological Medicine*, Vol. iv. No. 3. (July, 1870.)

† *Sleep and its Derangements*. By Wm. A. Hammond, M. D., Prof. of Diseases of the Mind and Nervous System, &c.

“The physiologist, as such, has nothing to do with the data of psychology, which do not admit of being weighed or measured, nor of having their force expressed in inches or ounces.” Medical psychology is a different thing from pure psychology, which is metaphysics; and medical-legal-psychology is a hybrid mixture surpassing metaphysics for common use and understanding, and the middle term of which is sadly crushed by the other two. Between the doctor and the professor,—between physic and psychology,—the lawyer and his innocent science bid fair to be smothered, and anything like old-fashioned criminal justice to be administered in minims, under the pretext of tempering it with mercy,—often of a quality highly strained.

We have no disposition to stir up unpleasant reminiscences of the notorious trial of McFarland; but as it has been made the special subject of a “medico-legal study” by one of the expert witnesses, we offer a remark or two upon that. Its fundamental definition of the mind as “a force developed by nervous action” puts the mind on the same footing with steam which is a force developed by fire and water, and with other forces which are developed by various combinations of natural elements. If the mind be a nervous force, a secretion of the brain, and does not exist when the brain is quiescent, a believer in that assumption has not much need of psychological knowledge; for the mind is not mind but matter, and psychology does not deal with matter, such as the brain secretes, any more than with such as the liver secretes. That nervous force which is a *secretion of matter* cannot help being a physical substance itself, as the secreted fire of a flint “when much inforced shows a hasty spark,” in evidence of its substantial elemental existence, which is heat as well as light, and is inquired into like other sensible elements. When

the flint is quiescent, the secreted light and heat are *nil*, according to medico-legal philosophy; so that the stroke of the steel performs an office of creation by making something out of nothing,—making sparks fly when there are no sparks.

We have not quite the ‘medico-legal’ faith of the essayist in transitory mania. We know that an insane man may have instantaneous paroxysms of madness at unexpected times; but they may be prognosticated as likely to occur at sometime, and perhaps often and at uncertain intervals. But it is not characteristic of insanity that a man should be well at one moment, beside himself the next, and the next after be sound again. Such ebullitions are rather characteristic of the passions of sane men, and for the moment do, or seem to, deprive a man of his wits and his self-control. The law recognizes that common infirmity as a ‘heat of passion,’ and makes a due allowance for it in excusing the criminality or modifying the penalty of acts committed in such a heat; not because there is any disease of insanity in them, but because they are sprung upon men by provocations too sudden and sharp for a moment’s reflection.

We will now leave the *Journal of Mental Science*, to express its opinion on the McFarland trial.

[From the *Journal of Mental Science* for October, 1870. London.]

“THE MCFARLAND TRIAL.”—In the “*New York Times*” of April 26th and April 27th may be seen in large capitals—“The McFarland Trial. Highly important testimony of a medical expert! The causes which tend to produce insanity! What is congestion of the brain? How its presence is positively determined. Opinion regarding McFarland’s mental condition. Further important evidence of medical witnesses! Various grades of insanity explained. How the physicians determined that the prisoner was insane. Various mental tortures applied! The poor fellow thrown to the verge of acute mania!!” In all the New York papers of

about a week later there were strikingly vivid descriptions of a scene in the court where this McFarland trial had just terminated by the acquittal of the prisoner. We read that ladies wept for joy, and men hurraed, that prisoner, and counsel, and jurymen were hugged and kissed by excited women, and the man who had an hour before been standing in the dock, tried for his life, was now greeted with the acclamation given to a popular hero; the man who had just been declaimed by the highest medical authorities in the New World to be so mad as to be quite irresponsible for a deliberate murder committed by him in broad day light, was now hailed as the champion of the principle of the sacredness of the marriage tie.

Such was the sensational ending of a story which from the beginning had been in the highest degree sensational in all its incidents. The prisoner, Daniel McFarland, had in 1857 married a handsome girl of 19, telling her he was a lawyer in good practice, possessed of money, and with a comfortable home in the West. The poor girl soon found that the practice was a myth, the home a third-class lodging-house in New York, and the husband an Irishman, greatly given to "Schiedam schnaps." He drank hard, and when under the influence of the "schnaps" was brutal, cruel, and to all intents and purposes mad. They led a wandering, miserable life. To support their children Mrs. McFarland used to write for magazines, and latterly to act at theatres, and she evidently showed talent and accomplishments. In 1866 she seems to have become acquainted with a Mrs. Calhoun, who whispered in her ear the new gospel of "woman's rights," and became the confidant of her sorrows and trials. She became acquainted, too, with a Mr. Richardson, a man of education, intelligence, and agreeable manners, who was very kind to her, and sympathized with her unfortunate position. Under those circumstances it is not very surprising that she and her husband got on worse and worse, and that at last she put in practice the theories of her friend Mrs. Calhoun, as to the right of a woman to get rid of a drunken and cruel husband. The divorce laws of Indiana offered her a convenient means of doing so, without even letting her husband know anything about it. When McFarland heard that his wife was divorced from him, he seems to have behaved very like a man whose powers of self-control were, to say the least, considerably weakened. The affection he had for his wife and children showed itself certainly very strongly in many ways, but his habits of intemperance became more marked, he seemed to have hallucinations of vision, to be

depressed in mind, to talk of suicide, (as he had constantly done before when drunk,) to talk to all his friends very freely about his domestic troubles, and to be erratic in his habits and ways. He found out that his divorced wife was becoming more intimate with Mr. Richardson; he heard they were to be married, and he fancied that she must have committed adultery with him before her divorce, and that all his children would be taken from him. The result was that he shot Mr. Richardson in open day, wounding him fatally, so that he died in a few days. Before he died, however, a marriage ceremony was performed between him and Mrs. McFarland, in which many sensational accessories and incidents were introduced. Two of the best-known clergymen in New York performed the ceremony.

McFarland was tried for the murder, and the defence was that he was insane when he committed the act. Public opinion was most violently agitated on the whole matter. New York divided itself into two camps, the sympathizers with McFarland, who were naturally those who held the old fashioned views as to marriage, and the sympathizers with Mrs. McFarland, who comprised all the new and rising "persuasion" of the believers in easy divorce, woman's perfect equality with man, free love, &c. Neither party cared in the least whether McFarland was insane or not, but as it was on the decision of this question, that he was to be hanged or not, all the best known experts were summoned to give their opinion, and this opinion was the sensation of the hour in New York. Hence the startling headings in big type quoted above.

The chief medical experts examined were Dr. R. A. Vance, Dr. R. L. Parsons, and Dr. Hammond. Their testimony was in keeping with the other parts of the drama, being new and startling in no ordinary degree. Dr. Vance is described by the "*New York Times*" as "a gentleman of somewhat youthful appearance, but possessing intellectual characteristics far beyond his years," who "gave his evidence in such an intelligible manner as to be understood by persons of ordinary comprehension," describing the "structure of the brain, illustrating, as he proceeded, by reference plates, which showed a healthy and a diseased condition of that organ." "He described the uses of the ophthalmoscope, telling how physicians determined the presence of congestion of the brain," and applied the "whole class of symptoms indicating congestion of the brain to the case of McFarland." He described and laid great stress on the pulse being very quick (107,) and becoming much quicker during the three hours he was under examination. He thus summed up his evidence:—

Q. What organic changes are apparent in an individual who suffers from congestion of the brain? A. The appearances will vary; sometimes you see a general haggard appearance—sometimes slight paralysis in the eye—paralysis of the face—hanging of one cheek—distortion of the mouth, one corner being depressed and another elevated—the tongue not coming out in a straight line, but projecting to one side, and the person being unable to articulate properly; then there is paralysis of the arm and leg, when they cannot maintain a continued tension; there is also a projection of the eye which it is impossible to assume.

Q. What is the change in color of the brain, to which you have referred, attributable to? A. Increase in the amount of blood circulating through the vessels in the back of the eye; any process of decay that alters its appearance might cause degeneration of the optic nerve.

Q. What change of character is there in those who suffer from congestion of the brain? A. There is a general change of character; for instance, a moral man may become obscene, a pious man may become very ungodly, and a thrifty person may become spendthrift; a feeling of depression and exaltation is also very common, and is inseparable from insanity; memory generally fails and judgment is invariably impaired, and the speech becomes incoherent; besides this, there are illusions, hallucinations, and delusions; in the beginning the person simply complains of dark spots in his vision and noises in the ears, then follow hallucinations, and finally delusions; wherever congestion of the brain exists, it is accompanied by these signs if it continues for any length of time.

It appears that a first cousin of McFarland, to whom he was said to bear a resemblance, had been insane, and this was duly dwelt on. At last the counsel for the prisoner asked Dr. Vance the very longest question ever asked in a court of justice (it is said) which occupies more than half a column of very small type, the answer to which was, "I should unhesitatingly say he was not in his right mind—that he was insane." And unquestionably if McFarland answered to the supposed cases described in the question, he was mad enough, for amongst other things mentioned were hallucinations, delusions, suicidal tendencies, sleeplessness, frenzy, and absolute distraction, not to speak of a pulse varying from 100 to 130, the "involuntary working of the muscles of his chin and about his mouth and nose," and the "tendency to pull his hairs." Dr. Parsons gave similar evidence to Dr. Vance, and then Dr. Hammond was examined. He described how he "ascertained the presence of congestion of the brain by the ophthalmoscope, measured the strength of the nerves by the dynamograph, timed his pulse, which he found varying from 104 to 124; and by speaking of Richardson, and showing McFarland photographs of his wife, made the poor man almost frantic with grief, and then, grasping his hand, found his pulse to be 142. At this time McFarland was almost uncontrollable, and exhibited all the symptoms of acute mania." It is said that those experts stood a most severe cross-examination without flinching from their opinions.

Those American experts were bold men. Have we not all been longing for the coming time when our knowledge of the structure of the brain, and of its pathology, would enable us definitely to connect its organization and disorganization with sanity and insanity? Who can describe the mental tortures that our poor "mad-doctors" might not have been spared from merciless counsel as they vainly tried to reconcile metaphysical abstractions with the working of brain cells, if they could have triumphantly appealed to what they saw through the ophthalmoscope, and to what the dynamograph told them? Well might one of the young lions of the "*Daily Telegraph*" roar about the new era which this trial had inaugurated in the detection of insanity. No longer will the "*Saturday Review*" be able savagely to vituperate the men who venture to say that they think an imbecile epileptic is not altogether responsible at all times for his actions, for (after drinking and fits) are not the vessels of his retina highly congested?

That this bold appeal to physical facts and symptoms, and instrumental indications in a court of justice is in the right direction, cannot be doubted. America deserves the credit of the novel idea. But it is to be feared that for some time we shall differ as much about the physics as the metaphysics. Oculists will be called in to say that all sorts of congestion of the retina may occur without any trace of perversion of intellectual vision; physiologists will say that the indications of the dynamograph are as yet very uncertain; physicians will quote cases of high pulse, and raised temperature, and all sorts of nervous twitchings and unsteadiness, when at the same time there was absolute freedom from intellectual or emotional derangement; and pathologists will, as before, describe instances of softened brains which seem to have been compatible with sound minds. Dr. Hammond has the respect of the whole profession, but many persons will be found to say that a considerable portion of his evidence, and that of Dr. Vance in the McFarland trial, was only an application of sensational psychology to a sensational case.

T. S. C.

THE CRIMINAL INSANE OF ENGLAND:

A MEDICO-PSYCHOLOGICAL AND LEGAL STUDY.*

BY A. BRIERRE DE BOISMONT.

During a long succession of ages everything that has been styled a crime has been visited in the name of human justice and the safety of society with severe punishment, even to the penalty of death. These sentences were rendered under the influence of immutable principles which cannot be denied without disturbing the foundations of social order.

These considerations have constituted the chief arguments for the condemnation of the sorcerers, the magicians, the "possessed," the heretics of former times. In our days, these same considerations are reproduced, with variations, in most of the sentences passed upon insane persons, who have yielded to heinous passions, though reasoning clearly, and distinguishing right from wrong; upon the backward, the feeble-minded, the imbecile, even idiots; in fine, upon "hereditaries," in whose cases degeneracy can be traced through many successive generations.

The nature of the crimes committed, the physical and moral condition of those who committed them, were, however, the first questions to study; and this is what

* This article was read before the Medico-Psychological Society and the Academy of Medicine, January 19th, 1869. It is here translated for the "AMERICAN JOURNAL OF INSANITY," with the exception of such portions as are almost identical with passages in the article by the same distinguished author, entitled "The Insane in our Prisons and before the Courts," which was translated for the last number of this Journal.

has been done by the Beccarias, the Mittermaiers, and so many other illustrious philanthropists. The results of their efforts are apparent to all. Since the beginning of this century more than one species of torture has disappeared, and the death-penalty has been considerably restricted. From time to time it is abolished in some States; in others it is only applied at long intervals: in every civilized nation it is a cause of terror to the great majority of juries. The crinations of the penal code in their relations with man and society, which M. Mouton, former prosecuting attorney, recently reckoned at the Sorbonne at twenty-four hundred in number, were calculated also to raise doubts of more kinds than one in the minds of jurists and physicians upon the identity of the nature of the crime. How, indeed, style as guilty the drunkard, who has become insane, and is no longer able to resist his fatal propensity? How unite under the same designation, "dipsomaniacs," persons who are seized, at certain times, with an irresistible desire for drink; women subject to this propensity under the influence of pregnancy or menstruation; individuals wounded in the head, &c., although their propensity may have involved them in the most criminal acts? Is not the argument that people know to what they are exposing themselves, in satisfying their passions, a species of reasoning false and pitiless, when it is applied to those whose organizations are deteriorated and overcome by disease? If we have chosen drunkenness by way of illustration, it is because this scourge is constantly increasing, and the lessons we draw from it are readily to be appreciated. Marcé has shown that at Bicêtre the number of alcoholic insane increases every year in a startling degree, so that in six years the proportion of this class has more than doubled.

Dr. Zani, of the asylum of San Orsola, at Bologna,

out of 1,665 received at this institution, describes 302 as alcoholic. Monti states the proportion at Ancona, as 252 out of 875 cases; Gambari, 54 out of 286; Girolami, at Pesaro, 247 out of 1,213 admitted.

The frequency of the abuse of alcoholic liquors in causing insanity, tends therefore largely to diminish, in such instances, the imputation of criminality, because it shows it to us under the influence of an almost irresistible pressure. But the designation of criminal loses all its significance, when we know the serious lesions in the system produced by the prolonged abuse of alcoholic liquors, and their intensity, when they have been transmitted by many successive generations of drunkards. In such instances we are no longer in the presence of invisible dynamic disorders; the evil shows itself in every part of the body, and appals us by its multiplicity. We will confine ourselves to a simple enumeration of the principal organic alterations caused by long-continued use of alcoholic liquors.

What do we perceive in persons who are the victims of excessive, long-continued drunkenness? Diminution of the red globules, increase of the white globules, fatty state of the blood, lesions of the vessels of the brain and of its membranes, deposits of fatty matter upon its substance, atrophy of the organ itself, fatty degeneracy of the liver, the kidneys and the heart, numerous alterations of the nervous system, &c. Observation shows that these disorders attack not only the drunkard himself, but his descendants as well. It is henceforth to be considered as proved that the children of confirmed drunkards are frequently imbeciles, idiots, have vicious instincts, inaptitude for work, an absence of the moral sense, a propensity to crime; and many so descended are sexually impotent.

We refer to the work of Magnus Huss,* for proofs of the terrible ravages caused in Sweden by excessive abuse of spirituous liquors.

This study of the cause of criminality has put it beyond doubt that many culpable acts are attributable to insanity, and that insane persons are often found among convicts. This fact attracted the attention of inspector-general Ferrus, as will be seen below: English investigations have established it beyond a doubt. It is our aim to corroborate this opinion, and, to this end, to develop several points of view which we have more particularly observed. Before going farther, we should say that these remarks in no wise touch the principle of the law, which is the safeguard of society; but, as other things in the world, the law is progressive, and its modifications are manifest proofs of this. Let it only be remarked how the penal code at the present time differs from that of 1810, in which the death-penalty was, with a severity that would now be revolting, applied in thirty-six cases.

It was impossible that the erection in England of special asylums for the criminal insane should not awaken the attention of those who were already interested in medico-social questions. Struck with the importance of this institution, not only from the stand-point of moral psychology, but also from that of medical jurisprudence, we proceeded, in the year 1846, to England, for the purpose of learning the motives which had influenced so practical a nation as the English to build a special asylum, besides those splendid establishments with which they are already so bountifully provided.

One section of the hospital of Bethlehem had been for thirty years set apart for insane criminals. When

* Magnus Huss, *Chronische alcoholismus*, Stockholm and Leipzig, 1852.

we made our visit, it contained 97 persons; 77 men and 20 women. The offences of these 97 persons were thus classified :

| | |
|-------------------------------|-------|
| High treason,..... | 2 |
| Crimes against person, | 62 |
| Crimes against property,..... | 33 |
| | <hr/> |
| | 97 |

Among these were thirty-three assassins, and fifteen infanticides, without counting those guilty of assaults, of arson, of theft. Spite of the defective arrangements of the premises, there was no disorder visible during our visit; a mere gesture of the superintendent kept every thing quiet.

The general forms of insanity were, exaltation, depression, feeble-mindedness. In the conversations we had with Dr. Morrison, the medical superintendent, he informed us that all those who had been admitted to the asylum since his connection with it, had shown signs of mental derangement.

The subject of the criminal insane, which we had only touched upon, interested us so deeply, that we have endeavored to examine it thoroughly. Various proceedings before the Medico-Psychological Society, in which Falret, Dagonet, Morel, Billod, Lunier, &c.,* have given the results of their experience, appear to furnish us a favorable opportunity for stating our investigations with reference to the criminal insane of England, and to set forth at the same time our own views upon this important subject.

The origin of the institution is not a matter of doubt: it is owing to the respect the English have for the sovereign power, as it is to-day constituted in their country,

* Discussion sur les aliénés dangereux. Ann. Méd.-Psycholog., 1868 and 1869.

that these measures have been taken by Parliament, and sanctioned by public opinion. The following facts speak for themselves, and confirm the opinion we have advanced.

In the year 1786, Margaret Nicholson, under the pretext of presenting a petition to King George III, attempted to stab him. The king avoided the blow by stepping back. In 1790, John Frith threw a large stone at the king. Finally, in 1800, Hadfield fired a pistol at the king while in his box at Drury Lane.*

After a most careful examination by the privy-council and medical experts, all three were pronounced insane, and sent either to prison or to Bethlehem; but their attempts at murder had excited public attention in England.

The trial of Hadfield, noted for the famous plea of Lord Erskine, was the occasion of the different laws passed by Parliament concerning high treason, and the criminal insane. The members of the privy council maintained that the insane are irresponsible only when wholly devoid of memory and intelligence. Erskine declared that not one instance of such insanity ever existed. "In all the numerous cases," he says, "bearing upon insanity, which have come up for trial at Westminster, however complicated they may have been, these diseased persons have not only given proof of memory, as I conceive, shown a knowledge and most perfect remembrance of their mutual relations to each other, but they have also been remarkable in general

* Hadfield was induced to commit this crime by another lunatic, named Bannister Truelok, who imagined that the true Messiah was to be born of him, and to come into the world by his mouth. He was likewise confined at Bethlehem. It is worthy of remark that Hadfield had succeeded in escaping from the old Bedlam, and was retaken at Dover, as he was about to pass over into France.

for their subtlety and finesse. Their reasonings have rarely been faulty. Their disease consisted of delusions, all whose deductions drawn from their mental disorder, were based upon a firm belief in the reality of their unsound impressions."

It was not until the year 1816, that it was decided by Parliament that a special institution should be set apart for the criminal insane. The bill was carried into effect in 1816, by the construction of wings at Bedlam, to which were afterwards added two others. The metropolitan commissioners, on the subject of insanity, alive to the numerous inconveniences of this hospital, and insisted anew in 1844, that it should be replaced by another asylum more adapted to the purpose and to the number of patients. The new institution was opened in 1863, at Broadmoor, about forty miles from London. It had been preceded by the asylum at Dundrum, in Ireland, erected in 1850.

For the creation of these special asylums long discussions in the two houses had been necessary, and also examinations by experts of the three would-be assassins who had attempted the life of George III.; of David Davis, who had severely wounded Lord Palmerston; of MacNaughton, who had killed Drummond, Secretary of State, while intending to kill Sir Robert Peel, of Oxford, who had twice shot at Queen Victoria, and of others confined at Bethlehem.

These facts had been attended with another result of no less importance, and directly connected with the subject—that of calling the attention of medical men and jurists to the insane in the prisons and before the courts. Accused persons suspected of insanity were examined with more care, and it was proved with regard to a considerable number of them.

How could it have been otherwise, when we consider

their surroundings? The issue, generally, of many generations of criminals, of lunatics, of imbeciles, of drunkards, of debauchees, of paupers, these pariahs of civilization came into the world having before them nothing but the spectacle of vice, of bad examples, of promiscuousness of the sexes, without any moral or religious knowledge to counterbalance their deplorable tendencies. Last of all, in the discussion before the Medico-Psychological Society, there were reported to be from ten to fifteen thousand children in the colonies, the penitentiaries, and prisons. If judicial reports were available in reference to them as to the adults, we are certain that they would reproduce the genealogies as above.

Dr. Hood narrates the following anecdote regarding hereditary propensities, taking it from a work entitled "Old Bailey experience."

Obs. 1.—A gentleman recently returned from New South Wales, told me that he was one day in a factory, where the convicts are kept until an engagement is made for them with some master, when a gentleman entered the establishment. Perceiving a young man who he thought would do for him, he asked him "what he was?" "A thief from London," he replied, touching his hat. What can you do? Steal, sir. I don't doubt that, responded the interrogator, but what have you been taught? To steal, was the response of the young man. What was your father? A thief. The gentleman on further inquiry learned that he had five brothers, and five sisters, all of whom were thieves.*

Let us now take a brief survey of the results at which some of the physicians and jurists have arrived, who have occupied themselves with the question of the convict insane.

[The next two cases are omitted in this translation for the reason given at the head of this article.]

*Ouv. cit., p. 34; W. Chas. Hood, M. D., suggestions for the future Providence of Criminal lunacy, p. 78, London, 1854. See also the "Traité de l'hérédité naturelle," by Dr. Lucas, which contains very curious facts concerning the hereditary transmission of crime.

At one of the last sessions of the Medico-Psychological Society, M. Morel gave an account of the trial of Count Chorinski, who had poisoned his wife. Called by the defence, he had declared before the court at Munich, that the count was of unsound mind, and that he would soon give incontestable proofs of it. We have since learned from the German prisons that the count has had so furious an attack of madness that he has been put in a strait-jacket, and was to be taken to an asylum.

CASE IV.—The *Gazette de Tribunaux* of Dec. 25th, 1858, contained a statement that a young man of twenty-two years of age, who had set fire fourteen times within a few days, and had caused the destruction of property to the amount of 200,000 francs, had been condemned to death. He gave as reasons for these crimes that he was tormented with reproach for having stolen five francs from his mother, and by the thought of having injured an innocent man whom he had falsely accused of the theft. It turned out that he once tried to hang himself, because he had seen a man commit suicide by this means, and it was, besides, proved that his mother had been insane.

This reference to the criminal insane was necessary in order to show the close connection between insanity and crime, when the latter has been bequeathed by heredity, or drunkenness, and strengthened from early years by the influences of destitution, the contagion of vice, abandonment by one's parents, &c.

Has society nothing with which to reproach itself, when it applies to these degenerates, thus placed in fatal conditions of physical and moral inferiority, the same corporal and ignominious punishments as to the real criminal!

Many a time, when sitting in court as a juror, in cases of accused persons whose culpable acts were not explicable by ordinary motives, and occasioned doubts in the minds of the jury, we have set before our colleagues

the ideas of the English concerning the criminal insane. They would almost always answer us that, if a similar institution existed in France, they would send thither persons in this category; but, they would add, these are people dangerous to the public safety; it is necessary to prevent them from doing harm; the prison is the only means possible; we will only lower the penalty.

The facts presented by us which we have taken from the history of this question in England leave no doubt upon the causes of the creation of a central asylum; but they were not the sole ones, and in proportion as these so-called criminals were better studied, their diseased state became more and more evident; their antecedents, their motives, almost always imaginary, false, puerile, absurd, the strangeness and the cruelty of the offences with which they were charged, the fantastic kind of explanation which they gave, their delusions, the dangers society incurred from them, dissipated all doubts. Lords Shaftesbury, Derby, and others, had declared in 1852, that nothing was more injurious than to put together the criminal insane and ordinary criminals. The realization of this system was not effected without a contest. But the great majority, both in and out of Parliament, pronounced in its favor: the public safety, the shameful stigma brought by the old system upon honest families, the injustice done by intermingling these two classes of the insane, and, finally, the legal difficulties in the way of properly disposing of insane criminals constituted effectual arguments.

We cannot but approve of these arguments, which have the same force for us as for those who defended and adopted them in England; it seems needful, however, to discuss the criticisms of the opponents of the criminal insane and of special asylums for their use.

One of the first is the want of logic in the denom-

ination of the criminal insane. A lunatic, said M. Falret, from the time that he is recognized as such, is no longer a criminal, but a *sick person*. The English physicians had already met this objection. The word *criminal*, observes Dr. Hood, is independent of responsibility or irresponsibility; it means only that the individual has committed an act which society justly considers a crime. Murder and arson, whether perpetrated by a lunatic or by a responsible person, are none the less crimes. "*Res non verba quæso*," adds Hood.

We will not dwell upon this objection; we too have employed the word dangerous, as well as M. Falret. But in the use of this term one difficulty still presents itself; and our colleague asks by what signs it is to be recognized that a lunatic is dangerous? Are not sick persons sent to asylums, who have committed no criminal act, and yet are dangerous, while others who have committed murder or theft under the influence of temporary excitation, or of an hallucination, are no sooner in the institution than they appear calm and manifest no depraved tendencies? It is therefore argued that these special establishments are not really needed, and the less as their place can be easily supplied by particular sections connected with ordinary asylums, and even with prisons. It is finally objected, that to remove these central asylums to a distance from the great majority of the poor, who furnish the principal quota of inmates, would only weaken and break family ties, by obliging relatives of the patients to make long voyages at great expense.

But is the picture that is drawn of the readiness of the dangerous insane to adapt themselves to the discipline of asylums, of the disappearance of their perverse instincts, and of their small number a true one? What is the teaching of experience? Very many of these diseased persons have a tendency to repeat their criminal

acts. Thus Hadfield, before his attempt upon the life of George III, had tried to kill his wife and child; and some years after, he killed a lunatic in the old Bedlam, where he was confined.

The lunatic mentioned by Pinel,* who was confined at Bicêtre, for having killed his two young children, and also a fellow-prisoner during his trial, after an interval of fourteen years, during which he had appeared perfectly calm, cut the throats of two other lunatics. The attorney-general, who sustained before Parliament in 1800, the bills concerning high treason and the criminal insane, even then remarked that many of this class, guilty of these crimes, and confined therefor, having been set at liberty before the presentation of these laws, had added to their list of victims.†

These repetitions need occasion no surprise, when we remember the frequency of relapses into insanity, which Thurnham estimates at fifty out of every hundred;‡ but there are other facts upon which too great stress cannot be laid, namely, that the sick included in this category, independently of physical and moral heredity, and, consequently, of the pernicious propensities with which they are born, have, as others who are partially insane, the power of reasoning, notions of right and wrong, of justice and injustice, know how to discriminate, can form plans, and, indeed, have many points of resemblance with other men, from whom they differ only by an invincible belief in their delusions, which they can neither correctly appreciate, nor control, or against which their will is powerless.

* Pinel, *Traité médico-philosophique sur l'aliénation mentale*, 2d edit. Paris, 1809, p. 119.

† Hood, *ouv. cit.*, p. 2.

‡ J. Thurnham, *Observations and Essays on the statistics of Insanity*, 119-123, London. 1845.

From this point of view the necessity of sequestering the dangerous insane in a special institution cannot admit of doubt. Their number is another reason, for they formed in 1852, according to Dr. Hood, a total of 439 in the asylums reserved for them, without counting 85 confined in prisons and in county asylums. They now number more than 700, according to a report of Dr. Guy. Although all these were not equally dangerous, there still would be only two modes of disposing of them, either to set apart particular sections in the ordinary asylums, or to establish one or two central asylums. The objection of the expense of a central asylum would be more than met by the safety to society by their isolation, and by the gain in tranquility to other asylums by their removal.

Another important objection brought forward by the adversaries of central asylums for dangerous lunatics, is the difficulty of establishing the characteristics which furnish the ground of separating the insane from the criminal.

Besides the means we have already alluded to we believe other means of information may be obtained.

Convinced as we are of the preëminence of clinics, we have thought from the beginning of our studies, that psychological characteristics were puissant assistants in attaining a knowledge of the question. Hood, in his "*Suggestions*," has the following passage:

The criminal insane are more difficult to manage than others, because they are more irritable, and are more subject to agitation. They are conscious of their offences, and as they are under the impression that they shall never recover their liberty, their habitual dispositions result in sadness and discontent. They have the notion, too, that they form a distinct class among their fellow-criminals. This circumstance establishes a sort of fraternity among them: they are constantly in communication with each other, and are led by curiosity to inform themselves of the particulars in case

of each new arrival. They are soon posted as to the history of each one, and this often leads to quarrels and recriminations. These moral dispositions give to the insane of this class a physiognomy which presents a marked contrast with that of the ordinary patients of asylums; and their own remarks confirm the disordered state of their minds.

We will cite but one example. Speaking of Hadfield, who died in 1841, at Bethlehem, Hood relates that he was often morose and gloomy; abandoning himself at times, to transports of passion, and to sudden impulses. When he spoke of his attempt at murder, which he remembered perfectly, he praised highly his advocate, Lord Erskine, but he manifested in his recital of the details of the act, a satisfaction not consistent with soundness of mind. For instance, he was wont to tell a story about a young woman, against whom he was pushed by the crowd on entering Drury Lane Theatre. "Sir, she cried, you hurt my bosom with the handle of your umbrella." What she called the handle of my umbrella, said Hadfield with a laugh, was the muzzle of my pistol.

Grieslain declares that according to his experience, a skilled physician, especially when he can observe for a considerable time the individual accused, can finally distinguish whether his condition be sound or morbid. If the latter be the case, he suggests as evidence the weakening of the faculty of self-examination; impossibility of comprehending his situation, and marked tendency to tergiversation. In acts and words, falsity of judgment appears: there are disordered fancies, impulses, singular freaks of the will, strange propensities, in fine a noticeable degeneracy of the intellectual and moral faculties.*

These reflections of Grieslain suggest to us the follow-

*A. Brierre de Boismont, *Esquisses de médecine mentale*. Joseph Grieslain, *sa vie et ses écrits*, p. 38.

ing deductions: If this survey, which embraces not only the present, but also the past life of the accused, demonstrates that there exist mental disorders, it also often leaves the conviction that the faculty of reasoning is not extinguished, that it may even be exercised with energy. But we must not in such a case forget the indelible blot of insanity. What imports it that this sick man has discernment, may have recourse to ruse, as Hadfield, who succeeded in escaping from the old Bedlam, that he knows how to dissimulate, to lie, if he can no more strive successfully against his evil thoughts than he can by the effort of his will prevent his arm from contracting, because it is agitated by convulsive movements? When this struggle is possible, which no physician denies, it takes place under conditions of physical and moral inferiority, which forbid the comparison of the individual, whose development has been thus checked, with one who enjoys health of mind; to apply then to the first the same punishments as to the second, would be an act of injustice. There may be in this case a partial responsibility, but good sense and conscience oppose that on this account he should be assigned to the prison for the criminal. These facts are beginning to gain acceptance among enlightened men; and it is not rare in jury discussions to see the main charge and aggravating accessory circumstances set aside, and the stress laid upon only collateral questions stated by the court in anticipation of the influence of these discussions. This tenderness is a new conquest for humanity, but there is still further progress to be made, namely, to send these sad victims of perverted reason to special institutions, as they do in England.

M. Prosper Despine* has tried to supply the want

* P. Despine, *Physiologie naturelle. Études sur les facultés intellectuelles et morales, dans leur état normal et dans leurs manifestations anormales.* Paris, 1868.

felt in respect to psychological characteristics. He has devoted one of his three volumes to the examination of criminals whom he considers as sick persons. Already had Mr. Sampson, in England, adopting the views of the author of the "Vestiges of the Natural History of the Creation," attributed criminal acts to a morbid condition of the cerebral organization. His fundamental proposition is that every manifestation of mind depends upon the health of its material instrument, the brain.* Hurlbut, an eminent counsellor, and one of the judges of the supreme court of the State of New York,† has maintained the same principles. Such a doctrine, exclaims Dr. Hood, would make assassination and theft matters of fatality, would result in doing away with the police, and in closing the criminal courts. We are of opinion that a strict analysis of the identity in its nature of crime, puts the question where it should be.

Despine takes for his point of departure exclusively the lesion of the *psychological* functions; he combats the belief that the culpable act is a product of free-will. According to him, great crimes are due solely to certain mental conditions, incompatible with the existence of reason, of moral liberty sufficient for the conscience to act freely, and without which they would not manifest themselves. These conditions are *moral insensibility* and *perversity*, *alteration of the freedom of the will*, *imprudence* and *improvidence*.

The union of these five conditions, which constitutes the mental state of criminals, is what Despine calls moral insanity, and not a physical malady.

* B. Sampson, *Rationale of crime*, being a treatise on criminal jurisprudence, considered in relation to cerebral organization. Edited by E. W. Farnham. New York, 1846. Appendix, p. 142.

† Hurlbut, *Essais sur les droits de l'homme et les garanties politiques*.

It has been remarked by M. Legrande du Saulle, that proofs are wanting to support this doctrine; almost all the cases observed, in place of being collected from the clinic of prisons, are taken from law journals and political papers.

We are far from wishing not to take into account the charge, the depositions of the accused and of the witnesses; these are valuable documents, but in order to speak of the character of the insane and the criminal, it is necessary to have lived with them, and to have observed them for a long time upon the spot.

M. Despine regards these five conditions as so fundamental that he deems it useless to take account of anatomical lesions, which, besides, are not found in insanity. He attaches only a secondary importance to the form of the mental disorder. Thus in his observations upon the parricide, Rivière, who presented symptoms of melancholia, he says that union of the psychological facts, which he ascertained in the patient, sufficed to prove the existence of moral insanity.

The doctrine of the author is too general not to raise numerous objections. It lacks for us the indispensable condition,—personal observation; it deserves, however, serious discussion by reason of the importance of the questions connected with it, and the psychological side which characterizes it. Thinkers, without practical facts, may be misled; they open, however, new horizons, and the five characteristics of Despine should be considered.

Not to prolong this article, we will only give in a few words some of our experience on this point. We have had occasion to examine ten insane, five of whom had committed, and the other five attempted to commit, murder. In all of them appeared all the characteristics of melancholic insanity; they were morose, tacit-

turn, lived apart, were easily irritated, had a restless, suspicious aspect, inspiring distrust. When questioned about their criminal act, some appeared to have forgotten it, spoke only in a confused, evasive way, were ill at ease, hesitated to answer, said they did not know why they had acted so, that they had no reason for wishing their victims ill, &c.; others, and these generally thought themselves persecuted, beset by enemies, and pursued, were embittered, and had no regret for what they had done, and declared boldly that they would kill all the authors of their torments. One of them, brother of a magistrate high in office, when solicited by him to become a member of his family, many years after the event had transpired, answered: "I do not wish to come out, I am tranquil in this house, and I feel that I should do over again what I have done." This afflicted one, though very eccentric in his acts, talked very reasonably, and came every day into the parlor to visit the ladies.

Many of these patients had illusions and hallucinations of sight and of hearing; some talked very sensibly on subjects not connected with their delirious conceptions, and had the notion of justice and injustice, of right and wrong. There could nevertheless be no doubt as to their mental derangement, and the dangers society would have incurred had they been set at liberty before a complete cure.

In the course of a long practice, and while collecting the materials of this work, we have met classes of individuals, presenting close affinities with the dangerous insane. We will instance two of them. Most of those with whom we had been up to that time occupied, belonged to the poorer classes. They were generally the offspring of the *alcoholized*, of criminals, of lunatics, of debauchees, who had seen nothing in their lives but

vice, and without any moral or religious instruction to modify their baleful tendencies. Those of whom we are now to speak are not of this class.

We have had repeatedly to verify the painful fact that children brought up by worthy parents, have, from their earliest years, shown utter want of the moral sense. Family education, instruction in secular and religious schools, severity tempered by kindness, admonitions of every kind, nothing whatever has had a restraining power over their defective natures. We have heard one of these unfortunates, at the age of fifteen, assert that he had never comprehended *what was called morality*. He gave only too full proof of the truth of his assertion by his low tastes, by his bad conduct, and by the choice he made of a wretched and shameful life, when he might easily have attained consideration and a high position. How can we avoid, in such instances, thinking of the *irresistible impulses* of the insane?

An aged magistrate, in a case of this kind, made an observation which shows the power which experience has over the judgment. "What we should look at in this matter," said he, "is the mental condition of this young man, for to account for his having pursued such a course of life, when an honest course was so easy for him, and the results so certain, we must admit some mental derangement."

When such a moral outlaw becomes guilty of some wrong act, would the voice of conscience mistake, if it should say to the judges: "Do not put him in prison, but send him to a special asylum, such as the English have devoted to the insane of this description?" Perhaps the bugbear of moral insanity will be objected, which we intend presently to examine; just now we will only answer that our observations do not seem to us liable to the reproach that they allege merely per-

versity, or the influence of bad examples, so long as we find there the elements of insanity, or at least of nervous affection. One of the brothers of the young man last referred to, had often complained of hallucinations of sight and hearing, and had once attempted suicide. There were instances of unsound mind in the family on the mother's side.

The other category is that of those sombre and bloody fanatics, who, for the sake of carrying out those Utopias which are never realized, for to Cæsar succeeds Octavius, recoil before no crime, however heinous. Resorting to cowardly ambushade, and almost always taking to flight after the guilty act, they do not hesitate to sacrifice the lives of a hundred innocent persons, if by so doing they can put out of the way the one whom they regard as an obstacle to their projects.

We have by no means the thought of making of these assassins, or of all vicious beings, as many lunatics: many of them are amenable exclusively to human justice, but there are among them others also, who are *dangerous sick persons*, and this opinion is not a paradox.

Ravaillac perceived odors of sulphur and fire exhaling from his feet; he had seen the host rise in the air, and place itself on each side of him; and he had once seen a head of More upon a statue.*

Historical documents prove that Jacques Clement† must be classed among the hallucinatory insane, as also Damien, who attributed his attempt to murder Louis XV. to his having neglected to be bled.

The young German also who designed to stab Napoleon I, at Schœnbrun, had visions: he saw the genius of Germany, who charged him to deliver his country.

* Bazin, *Histoire de la Fronde*.

† Pierre de L'Estoile, *Journal de Henri III*; see also *Histoire des Hallucinations*, 3d edit., p. 606.

The three would-be-assassins of George III. were really insane, as Bucknill and Hood have established.

We will cite one more instance, that of the assassin of the illustrious President Lincoln.

CASE v.—His name was Junius Brutus Booth,* and he had acquired great reputation in the United States as an actor. When we read the account given of him, no doubt can remain as to his fantastic behaviour, his eccentricities, and his mental derangement. The two following anecdotes are conclusive proofs. On one occasion, while on a voyage in the ship *Neptune*, he seemed much depressed, and spoke frequently of Conway, an actor, who committed suicide by jumping into the sea. When the vessel neared the spot where the unfortunate man perished, Booth, moved no doubt by some delusion or hallucination, rushed from the cabin, saying he had a message for Conway, and jumped into the sea. He was immediately rescued, but gave no explanation of his mad act. On another occasion, when he was expected to appear before a crowded audience at the Park Theatre, the time for the curtain to rise came, and he was no where to be found. Messengers were sent in all directions, and he was finally discovered at a fire in an adjoining street, working with all his strength at an engine. Upon being asked what he was doing there, he replied, with the most childish *naïveté*, that he was helping to save the property of unfortunate people.†

The two categories we have just reviewed relate to the dangerous insane. In one of them it is difficult to recognize the signs of nervous or mental affection. Those of which we are now to speak belong to this division. We are yet of opinion that a prolonged study of the physical and psychical characteristics, and an examination into their antecedents will succeed in discovering, in most cases, the pathologic element; this is also the opinion of the celebrated Griesinger.‡ It is besides, to

* [The distinguished Frenchman has here fallen into an error, which Americans will readily correct. It was not Junius Brutus Booth, but his son, J. Wilkes Booth, who assassinated our ever-to-be-lamented President, Abraham Lincoln.—TRANSLATOR.]

† Kellogg, *American Journal of Insanity*, New York, April, 1863.

‡ Griesinger, *Discours pour l'ouverture des cours de psychiâtrie*. (*Archives de la psychiâtrie et des maladies nerveuses*. Berlin, 1868.)

be remarked that the hallucinatory state was only admitted after ages, and that epilepsy *larvée* is of recent origin.

Recent times have been marked by a series of crimes, seemingly remote from the causes to which they are usually assigned. Regarded by the public as strange, and affirmed to be mysterious, their mystery, unable to be solved by the courts, their perpetrators have been declared by some jurists lunatics, who were only to be cured at the place of public execution. They forget these noble words of the celebrated Blackstone: "The execution of a lunatic can only be a pitiable sight, attended with detriment to the law, and the result of extreme inhumanity and cruelty, and which, moreover, can be of no service as an example to others."

How, indeed, call a crime, in the real meaning of the word, the act of the nurse at Genoa, who poisoned nine patients under her charge, without any interested motives, from no desire of vengeance, and being on perfectly good terms with them? She justified herself by saying that she was experimenting in order to cure the sick who were constantly dying in the hands of the physicians.*

Must we not range in the same category the youth of twenty years of age, to whom we have referred above, who set fire fourteen times during the past year, causing loss by fire to the amount of 200,000 francs, who gave as his reason that he had yielded to a sudden idea, through remorse for having stolen a five franc piece and then having accused falsely an innocent person? When sentenced to death, he tried to hang himself, after having seen a man who had committed suicide by this means. His mother, near the time of his birth, had an attack of insanity. To this list we must add the stu-

* *Gazette des tribunaux*, 1st September, 1868.

dent J——, who, for the most trifling motives, set fire to the seminary, and killed one of his fellow-students to whom he was passionately attached. This convict, who had become a felon in a few seconds, questioned in prison by a writer concerning the cause of the outrage, answered in a natural tone, as though he was analyzing what some one else had done: “ ’Twas the FIRE which made me lose my head. When I saw the flame and smoke, I was no longer master of myself. I ran to my friend’s bed and cut his throat. If the match had only not lighted, and the paper not caught fire, nothing of all this would have happened, and instead of being now a convict, I should spend my life as an honest man. Still, why should I rebel against my lot? I have done wrong, and ought to be punished for it, I know.”

What is the conclusion from these different facts? That in the opinion of all enlightened men, there are very dangerous insane persons, and that the number is more considerable than is supposed.

Still it is incontestable that all the culpable acts committed by the insane who are called criminals, are not to be comprised in a single category. Many of them are guilty only of venial offences arising from errors of judgment. But even among these are found insane persons, who, by reason of their propensities and bad conduct, should be isolated from ordinary sick patients; such are those whose every word is a falsehood, a calumny, a slander, who steal, get up plots, turn the heads of their companions, excite them to injure themselves and others, write anonymous and threatening letters, abandon themselves to sensual excesses, provoke those around them, accuse persons of having dishonored them, and sow everywhere trouble and disorder.

These vicious, unhealthy organizations often reason very well, have at times neither delirious conceptions,

nor hallucinations, nor illusions; but their acts and words taken at random, prove their mental derangement. But to know them we must have them under our eyes; prolonged daily observation, which we here unceasingly recommend, can alone unmask them: we have already recorded some remarkable instances:* we will add the three following cases observed by us.

CASE VI.—Miss Louisa, 18 years of age, has always been ungovernable; suddenly, when it was least to be expected, she escaped from home, disappeared, and did not return for some days, no one knowing where she had gone or what she had done. It was impossible to accustom her to any rules, to any work. She was always committing larcenies, usually without any benefit to herself, and only for the purpose of troubling those from whom she stole. Her acts, often inexplicable, her fits of passion instantaneous, and of extreme violence, were judged to be occasioned by insanity. Placed in two institutions in succession, she became the terror of all the inmates. She would steal from the patients whatever they most valued, and then either deny the theft, or avow that it was on purpose to pester them. If she thought herself observed, she would go off into frightful fits of anger, roll over on the floor, give utterance to the most grossly insulting language, making use of such expressions that it was necessary to put her in close confinement. One patient's mother, on hearing her for the first time, immediately took away her daughter. When her fit of temper was over, she talked reasonably. Miss Louisa had no notion of morality or religion, and all were agreed that as soon as she was set at liberty she would become a ruined woman.

CASE VII.—Madame Delphine, 25 years of age, wife of a famous professor, sat at the window the day after her marriage, and called out to men in the street to come up stairs. She would go out every moment with the idea of giving herself up to debauch. When her husband expostulated with her, she threatened, in the transports of her insatiate rage, to kill him, and then broke everything within her reach. Shut up in a convent for penitents, she sought to pervert her companions and to urge them to rebel. The physician of the establishment thought that she was insane, and

* Brierre de Boismont, *De la responsabilité légale des aliénés.* (*Ann. d'hyg. et de méd. lég.* Paris, 1863, 2d series, t. XX, p. 327.)

induced her husband to treat her so. She herself agreed that at times her head was turned, and that she did not know what she was doing. Not able to explain her course by any criminal conduct, her friends consulted another physician, who declared it an evident case of insanity. Having been placed in our establishment, we were able to observe her for four years. The daughter of a convict, without education, or any notions of right and wrong, she sought only to satisfy her animal instincts; she was, therefore, under constant surveillance. False, mischievous, and deceitful, she invented slanders which caused trouble in the house. Her evident feebleness of mind made her unable to strive against her evil instinct, or provide regularly for her own wants. Here was the criterion of her conduct, the full importance of which daily observation only could reveal. The discipline of the house produced its usual effect upon this woman. She became submissive, no longer subjected herself to censure for reprehensible conduct, and claimed to be set at liberty. To insist upon her confinement would have caused us embarrassment; we recommended her husband to take her away. After her departure from the institution, she escaped from the house where her husband had placed her, wandered about, leading a disorderly life, following the most menial occupations. Then began an attack upon asylums and their physicians. One of those wretched attorneys of bad repute, with whom Paris swarms, listened to this woman's story, and thought to scent a chance of blackmailing. By his advice she summoned us before a court, eight days after she had left our institution, on a charge of arbitrary detention. It was easy for us to prove the shallowness of the accusation. When she, in her turn, was questioned, she could not find a plausible argument; she could only murmur a few words; this was all we expected from her limited capacity.

CASE VIII.—The third case observed touches upon a delicate subject, for we are here concerned with persons desperately bent on the pursuit of sexual pleasures, who plunge with such frenzy into this course of life, where certain dishonor and crime await them, that they neither will nor can listen to any counsel nor regard any menace. The world sees them fall, turns a moment, and condemns them: but the physician conversant with insanity, who has observed many of this class, entertains doubts as to their mental soundness, and asks himself whether restraint would not have been better for them than this unlimited liberty, which has led to the loss of their reputation, and to long years of misery and brutalization?

Madame Zelia, 23 years of age, was a privileged character. By her beauty, her wit, her various talents, she exercised an irresistible influence: she could converse readily in three languages. Yet she was a creature of the worst instincts, given up to the pleasures of sense. From her earliest years she showed herself a gourmand, was slovenly, deceitful, disorderly, lazy, excessively inclined to sexual pleasures. Her father said to us, "When she makes you the fairest promises, be sure she is planning the vilest plots." Married early, she led a most adventurous life. She turned up in America among the border-ruffians; with confident air, and full of courage, revolver in hand, she shunned no danger, braved the cholera and earthquakes, passed over frightful abysses, figured in the wildest scenes enacted in Western gambling-hells. The families that received her, counted but victims: fathers, sons, sons-in-law were allured by her.

Wearied with this life of perils and excesses, she came home to her parents in France sick, and a prey to extreme nervous excitement. A skilled practitioner of her native town noted symptoms so pronounced of hysteria and nymphomania, that her father concluded to place her in a hospital; when abroad, she had already had one attack of insanity. During her stay at the hospital we witnessed frequent nervous crises, during which her pulse ran very low, she became suddenly pallid, her features changed noticeably; demi-syncopes ensued; but this without loss of understanding. After these crises she was alternately exalted and depressed, manifested disgust with life, tendencies to self-destruction, and was said to have made one attempt at suicide. As there were signs of derangement of the side of the uterus. We engaged our friend Dr. Forguet, to examine her. He found chronic metritis, an ante-flexion, red spots and punctures upon the neck of the organ, an abundant flow of "whites," an intertrigo, and prescribed a treatment which was attended with good results. In the institution where this woman was placed, was also a foreigner, who received numerous visits from his countrymen; in a brief time all of them, and they were men of a high class, were completely charmed by her. The charm she exercised upon them is a new proof of the power that certain persons have upon all who are around them: it is probably in their looks, their movements, their gestures, their words, their nervous *influx*; but it is! Who does not remember the example of St. Bernard, preaching the crusade to the Germans in a language which they did not understand, and inducing them to take the cross by thousands.

There was this fascination about Madame Zelia, but fortunately she had no tenacity of disposition; such was her mobility and impressionality that she could not follow any plan. Had it not been for these defects, she would have been the cause of still greater misfortunes, for she knew how to wear all masks, and play all rôles. Treated with consideration, but under constant surveillance, and warned that, on the first offence, she would be sent away, she remained in the institution six months; but the responsibility became too painful, and we begged her father to withdraw her.

By all those who have not observed such characters in our asylums, Madame Z. would be considered one of those pests to families, who under the ancient regime would have been imprisoned by virtue of lettres de cachet. The happiness of this woman consisted in destroying that of others. Her language and manners were as deceitful as her actions were detestable; she was cunning incarnate, vice impersonated, diabolic in her spitefulness; yet, withal, she had outbursts of generosity. She is one of those examples which prove that persons in authority should not receive without proofs the complaints, the falsehoods, the accusations of unhappy beings. They are considered by the world as perverse natures. When they are carefully watched day by day, we notice the want of connection in their remarks, the irregularity and disorder of their actions, the improvidence of their conduct, the absence of reflection, of judgment, and of the moral sense; all of which things, separately, would be of little account, but when taken together and continuously, enable us to make up an opinion. We believe we are right in maintaining that there is something incomplete and, above all, unsound in these organizations; at war, as they are, with family, with society, and utterly unable to be of any use to themselves and others.

However reserved we may have been in our remarks upon these shades of dangerous insanity, we have pre-

sented, as moderately as possible, our ideas upon the difference in the nature of crime, of moral perversity, of vice in the unhealthy, of strange criminal attempts, when they have for foundation the degeneracy of the organization. We commend these grave subjects to the consideration of all thinkers, whose aim it is to ameliorate, not to punish, to preserve society, and not to condemn the really insane.

The individuals of these diverse categories, to whom the attention of psychologists and jurists seems not to have been sufficiently directed, range themselves, in our opinion, into the two sections with different degrees, which we have established for the dangerous insane. But doubts might be raised as to the mental condition of many among these, and as it might be thought that others are only beings perverted by their own faults, it is indispensable that all, without distinction, should be subjected to medico-legal examinations. These should be made by competent physicians for the insane, appointed by the courts. This would be the best means of protecting individual liberty, and of avoiding, as much as possible, errors.

The special wards of public asylums, and the central asylums thus placed under the surveillance of the law, the conscience of magistrates and of juries would be quieted, and the good name protected of many families who would then no more be obliged to count in their number criminals, but diseased persons. The setting at liberty of these insane as persons cured would be equally under the control of the law, which would decidè after having called for a report from the physicians of the lunatics.

The difference of degrees which we have admitted in the criminal acts of the dangerous insane, is no less important for their classification; but before proposing

the method, which is based upon our researches, there is one observation to be made respecting the insane who are not, and those who are convicts. It is not to be concealed that individuals who have begun to serve out their term in prison and are then transferred to asylums, are an object of aversion to the ordinary inmates of these institutions, and a cause of complaint on the part of their relatives; we are, therefore, of the opinion that they should be subjected to a probationary stage, varying in place, according to their mental condition. In the central asylum itself, there must needs be separate quarters for those who differ wholly from the others by reason of their birth, education and mode of life.

Hood says that the criminal insane at Bedlam complained to him more than once of their being mixed with the insane who were ill brought up, whose talk and actions were a perfect torment to them. It is only equitable that the central asylum should be organized so that the convicts shall be separated from the insane who are only dangerous, and that different ranks should not be confounded, inasmuch as contact with the vulgar man can only aggravate the mental condition of the insane man who has enjoyed the advantages of education; for we must bear in mind that we are here concerned with the sick, not the criminal.

As a general rule, all the insane of these two categories should be submitted to medico-legal examination.

We would classify the two sections as follows:

I. *Special wards in ordinary asylums.*—The insane of the second degreee, whose evil instincts are not incorrigible, who are submissive to government, should be placed in these wards, for we do not admit of the prison in case of manifest insanity. The same in regard to the vagrant insane, whom it has often been our business to examine. Now sequestered as sick persons,

now imprisoned as criminals, examination of these cases has taught us that we had to do with lunatics or imbeciles, whose true place was in an asylum where they could have medical care, or be kept occupied. Here, too, we would have the insane who have been convicted of misdeameanors, but are susceptible of discipline.

II. *Special central asylum.*—Devoted solely :

1. To homicides, to incendiaries, to thieves, to those guilty of criminal indecencies, to all those who have pernicious tendencies, marked with the character of persistency.

2. To those insane on the subject of persecution, who have killed, and are constantly wishing to kill, some one whom they accuse of persecuting them.

3. To individuals guilty of strange or unusual crimes, whose acts cannot be explained on any theory of their rationality, as in the case of the female poisoner of Geneva, in 1864, with regard to which the procureur-general was constrained to say : " Her crime is a terrible one, but the cause of it is still mysterious." Their sequestration would protect society ; it would be a sufficient punishment if they were criminal, but if they have acted in a moment of transient insanity, honorable families would, in this event, be saved from the stigma which attaches to conviction for crime, a prejudice likely to continue ineradicable.

4. The central asylum would be suitable also for the insane whose cases require long observation, as the reasoning insane, when they have committed a crime.

5. To those feigning criminality.

6. To the sick, born with instincts of moral perversity, in spite of good family influences ; to fanatics, who murder in order to realize their utopias, but whose conduct finds its explanation in insanity.

7. Finally, to the insane of the second degree, with vicious tendencies, which they are unable to restrain.

Let us not lose from view that these sick persons do not exceed altogether 700 out of 64,658 insane and idiots, according to English estimates from actual experience, and that the measure advocated is a guarantee of tranquility for all the ordinary asylums.

We think that we cannot conclude our work better than with these words from our communication to the Academy of Medicine, at its session of the 19th of last January.

Our task, gentlemen, or rather our feeble sketch is concluded: you are acquainted with the facts and the arguments upon which we rely to sustain our opinion; it is to-day more impregnable than in 1846, when we stated it for the first time.

If we were to appeal to authority, as we have always done, for we are a disciple of tradition, though ever inclining to the remarkable works characteristic of modern individuality, we would invoke in favor of the question which we have had the honor to propound for your consideration and that of the medico-psychological society, the testimony of the greatest man of our age. On being asked one day what should be done with the author of an anonymous book: "He should not be brought before the courts," he answered, "his place is at Charenton." *

Indeed, moral monstrosities, no less than physical, are only deviations from the natural order. The knowledge of the psychological laws restores them to their true place, which is more satisfying to the reason and more consoling to the conscience, than the prison, the galleys and the scaffold.

* A French Lunatic Asylum.—TRANSLATOR.

[From the Edinburgh Medical Journal, November, 1870.]

MOLLITIES OSSIUM IN RELATION TO RIB-FRACTURE AMONG THE INSANE.

BY W. LAUDER LINDSAY, M. D., F. R. S. E.,

Physician to the Murray Royal Institute (for the Insane,) Perth.

I venture to offer the following cases, and the relative commentaries thereon, as a contribution towards a better knowledge of a subject that has lately attracted a good deal of attention, both public and professional, in England, in consequence of the animadversions of the press on various instances of *rib-fracture* among the inmates of its county lunatic asylums. The subject to which I refer includes, on the one hand, a consideration of that unnatural fragility of bones, which renders them liable to fracture from the most trivial causes; and on the other, the frequency of the rib-fracture, which cannot possibly be attributed to ill-usage by attendants.

I do not offer my remarks apologetically; for I believe that the animadversions above referred to are unwarranted either by evidence or legitimate inference—at least, in the majority of cases. Nor am I to be understood as affirming that fragility of the bony system is peculiar to the insane; though I believe it is much more common among them than is usually supposed. Whether it is as common as it is among the sane, or more so, remains to be proved. This is a subject that seems to me deserving of full and immediate inquiry. I have repeatedly stated* that I have never

* *Vide* "Illustrations of Pathology and Morbid Anatomy in the Insane," Journal of Mental Science, vol. xii. p. 522; and the following Reports of the Murray Royal Institution,—30th, pp. 15, 16; 32d, p. 15; and 38th, p. 15.

met with, nor heard of, any lesion among the insane that is to be considered *quite peculiar to them*, and in this sense to be regarded as diagnostic of the existence of insanity. It is wonderful, however, how persistent and ingenious are the efforts of alienists to make out an essential or specific difference between sanity and insanity, the sane and insane, as regards their pathology and morbid anatomy, in the face of incessant and egregious failures. The "thin partitions" that are supposed to separate them—that "do their bounds divide" between great wit and madness—are not real or perceptible,—not demonstrable or definable; and all efforts artificially to create specific distinctions where Nature has none, *must* end only in failure.

I do not necessarily connect fragility of the bones in the insane with the accidents that have of late years been made the subject of sensational, and, I believe, most ungenerous and unjust, outcry by the fourth estate. There *may* have been, in some cases, an essential connexion between osseous fragility and rib-fracture as cause and effect; but the effort to prove or disprove such a connexion in the cases referred to, is no part of my present object, which is simply—so far as regards,

I. *Mollities ossium* in the insane, to show that it sometimes exists in as marked a degree as among the sane; and as bearing on

II. *Rib-fracture* in the insane, to point out (*a.*) The frequency of self-injury. (*b.*) The very slight violence sometimes required for rib-fracture. (*c.*) The existence of serious or fatal surgical injury without external marks, or any relative symptoms. (*d.*) The importance of post-mortem examination in the detection of masked or unsuspected injury. (*e.*) The desirability of distinguishing from each other* injuries that are—1, acci-

* *Vide* 32d Report of the Murray Institution, p. 11.

dental; 2, self-inflicted; 3, the result of maltreatment by attendants. (*f.*) The injustice of attributing rib-fractures and similar injuries necessarily to attendants. (*g.*) The frequency of such injuries is a necessary consequence of the non-use of mechanical restraint. (*h.*) Those who are responsible for the frequency of such injuries are, therefore, those who have advocated the *non-restraint dogma*. (*i.*) There are *no* pathological lesions peculiar to insanity.

I. *Case of Mollities Ossium*.—The patient was an unmarried lady, aged 49, eminently nervous in temperament, of fine build of body, and of high delicacy of constitution, with a strumous tendency. For a long series of years, she had been the subject of chronic insanity. In the last seven years of her life, during which she was under my observation, her general health was fair, till she began to complain of aching pains in the bones, of a character supposed to be rheumatic. There gradually supervened a marked general debility, requiring rest in bed, to which she was confined for the remainder of her life—a very few weeks. While bed-ridden, boils appeared on different parts of the body; then acute tuberculosis suddenly showed itself, and rapidly proved fatal (in a fortnight.) A post-mortem examination was made, which revealed, besides infiltration of the lungs with miliary tubercle, and slight fatty degeneration of the kidneys, as well as other pathological lesions, the following condition of the *bones*. The walls of all bones were thin and soft, easily pierced by any steel or other hard instrument. The normal medullary (or cancellated) tissue was absent; the interior of the bones being occupied by a thickish fluid, which consisted apparently equally of blood and oil. Their surface was abnormally vascular and colored—usually a deep reddish-brown. The sternum was so

flexible, that it could be doubled on itself without much difficulty. The general condition of the whole bones of the system was that usually described as the earlier stage of *mollities ossium*; it was apparently essentially a hyperæmia, followed or accompanied by *fatty degeneration* of their whole texture and contents.

For some time prior to her decease, the *urine* had been highly *phosphatic*, but non-albuminous. It does not, however, follow that this apparent excessive excretion of phosphates stood directly related to the condition of the bones. For, on the one hand, as Neubauer and Vogel point out, mere *sediments* of earthy phosphates in the urine do not necessarily indicate *excess* of these salts—absolute excess being determinable only by quantitative analysis;* and, on the other, as I have elsewhere shown, phosphatic urine is common among the insane,† while there is no reason to regard *mollities ossium* as otherwise than rare (comparatively) among either sane or insane. According to some writers, the excretion of phosphates, as measured by the phosphatic character of the urine, bears a specific relation to certain forms or phases of mental disease (*e. g.*, mania;) but I long ago pointed out that this is a fallacy, and my experience has been confirmed (apparently) by the later researches of Dr. Addison, now of Larbert. He writes:—"The quantity of phosphoric acid excreted in states of mental excitement was *less* than after convalescence. . . . This perhaps is the most important fact elicited by the investigation, for a greater than the average excretion of the phosphates has come to be regarded as a pathog-

* "Guide to the Analysis of the Urine." Translated for the New Sydenham Society, 1863, p. 331.

† "On the Chemistry and Microscopy of the Urine in the Insane," *Journal of Psychological Medicine*, July, 1856, pp. 492, 496; and 30th Annual Report of the Murray Institution, p. 16.

nomie phenomenon of maniacal excitement." (P. 15.)
 . . . "I consider it sufficiently proved that the quantity of phosphoric acid excreted during the course of a maniacal attack, is *less* than that voided in an equal time after recovery." (P. 16.) . . . "I believe that the excretion of phosphoric acid is regulated more by the condition and weight of the *body* than by the action of the *brain*." (P. 27.)*

In the foregoing case (I.) there was no fracture of any of the affected bones; but it is obvious they were in a condition in which some very trivial cause might have caused fracture. Drutt tells us, in his admirable "Surgeon's Vade-Mecum," that in *mollities ossium* "from a fall or some other *slight injury*" the bones are liable to break; or that "bone after bone breaks from the *slightest cause*" (1851, p. 217.) Even in the earlier stages of the degeneration, and still more so in the later ones, slight stumbles in one's own bedroom—falls against the edges of beds, chairs, or tables during the night—or even ordinary, and still more so inordinate or unusual, muscular effort—may suffice to produce rib-fracture.

The morbid condition of the whole bony skeleton in this case was quite unsuspected during life; it was detected, and could only have been detected, by post-mortem examination. Such cases furnish one of many sorts of argument that might be adduced in favor of such examinations in *every* death of insanity.† I have elsewhere pointed out that autopsy frequently reveals the most unexpected pathological lesions of the most interesting kind—though not necessarily interesting as throwing light on, or essentially connected with, the *mental* or cerebral disease. Autopsy in the insane is,

* "On the Urine of the Insane." Reprint from the Brit. and For. Medico-Chirurgical Review, April, 1865.

† *Vide* 39th Report of the Murray Royal Institution, p. 13.

however, one of those subjects, on the other hand, regarding which it may prove that "ignorance is bliss," and "'tis folly to be wise;" for it, and it alone, may bring to light injuries or lesions, the origin or cause of which may become subject of judicial inquiry, newspaper outcry, and public condemnation! The frequency with which previously unsuspected rib-fracture is detected by post-mortem examination may be illustrated by the following:—

II. *Cases of Rib-Fracture detected only on Post-mortem Examination*, which occurred in the practice of Dr. Workman, of the Provincial Lunatic Asylum for Upper Canada, at Toronto—a gentleman who is distinguished among American alienists for the attention he devotes to morbid anatomy, as well as for the manly frankness with which he expresses his opinions.

A. A male, æt. 52, "of large size," suffering from general paralysis, his insanity characterized by "great restlessness and violence." During life he "neither admitted that he suffered any pain, nor gave any indication of so doing." Death arose apparently from "cerebral compression." At the post-mortem examination, attention was therefore directed mainly to the *brain*. "After I left the dead-room, believing I had seen *all* that the case afforded, my assistants proceeded to examine the rest of the body. . . . They were surprised to find pus diffused beneath the muscles on the left side" (of the thorax,) "and fractures of five ribs running in a vertical straight line a short distance from the junctions with the cartilaginous portions. No reunion had taken place. . . . There was no reason to doubt that the fractures of the ribs had taken place *before* the patient's arrival at the asylum. The rectilinear course of the fractures appeared to indicate that they had resulted from a *fall* forward on some hard, narrow

surface, such as the edge of a board or plank. The account given as to his violence and restlessness corroborated the supposition. This patient not only appeared perfectly free from pain or muscular impairment up to the period when symptoms of cerebral or cerebro-spinal compression showed themselves, . . . but he preached and shouted perpetually.*

B. A male, æt. 33, "furious and dangerous; . . . restless, noisy, and destructive" on admission, but subsequently became quiet and harmless. During life he complained of no pain, and had no cough. Immediate cause of death was, nevertheless, hydrothorax. Post-mortem examination revealed the fracture of seven ribs, the appearances proving that the fractures here also had occurred *prior to admission*.

In neither of these cases was any lesion of the *ribs* either diagnosed or suspected during life. "Neither of the two would have been known without post-mortem examination." These and similar cases also illustrate the fact that—

1. *Surgical injuries sometimes occur among the insane without external marks of violence; †* and that—

2. *Serious lesions frequently exist without relative symptoms during life. ‡*

None but those habitually engaged in the management of lunatics can be aware of the extent to which

* Report of the Provincial Lunatic Asylum, Toronto, for 1862, pp. 13–15. The same case is also reported in the American Journal of Insanity for April, 1862 (*vide* Journal of Mental Science, vol. viii. p. 585.) It is there stated, in addition, that the patient was "tall and powerful," and that the "fractures ranged in a straight line, as if all caused by one blow; or, most probably, by a fall on some hard-edged substance."

† *Vide* 34th Report of the Murray Institution, p. 33.

‡ *Vide* 31st Report, p. 13; and 34th Report, p. 36, of the Murray Institution.

accidental or self-inflicted injuries occur, or of the exceptional character of these injuries. They are exceptional in so far as it is (1) frequently difficult to understand how they *could* have been inflicted [I refer to cases in which ill-usage by attendants has been impossible;] and (2) in so far as serious lesions may be developed without the usual accompanying or proportionate physical indications or vital symptoms of any kind. Thus, I have known almost all the ribs of a young man's side broken without a single *outward* indication, or the exhibition of any kind of *symptom*. No complaint ever emanated from the patient; there was no bruise-mark, no lung-symptom, no indication of the slightest suffering from first to last. Nor was it ever discovered how the injury was inflicted. The fractures were detected accidentally by manual palpation. The patient was confined to bed for some days, his thorax tightly swathed in flannel merely as a precautionary measure; but no chest or other symptoms were ever developed, and the patient never could comprehend why he was confined to bed and swathed in flannel!

It is not surprising that, from ignorance of such facts, mere surgical experts, unacquainted with the peculiarities of injury or disease in the insane, should occasionally express, in courts of law, opinions that are calculated to do great injustice to the attendants of lunatic asylums. Dr. Workman is very severe, though not too severe, on certain recent exhibitions of this kind in London. Thus, he says, "It has been incontestably proved that lunatics afflicted with general paralysis, or with other forms of intense cerebral disease, may sustain severe and extensive osseous or other lesions, without manifesting the slightest perception of pain or impairment of muscular activity." Nevertheless, "in one of the English cases, . . . two surgeons gave testi-

mony to the effect that no person having two or more fractured ribs *could* be free from pain or freely use the costal or other respiratory muscles! *Ne sutor ultra crepidam!* Before delivering opinions on any question relating to insanity, or to the insane, medical practitioners would do well to acquaint themselves with the subject on which they are to testify."* . . . "Eminent medical gentlemen who have not spent their lives in the practical study of insanity, would act very prudently in abstaining from rash deliverances in all questions [relating to the malady] in which they find themselves in antagonism with those better qualified to give a correct opinion." Until the peculiarities of accident and disease among the insane are generally recognized, and until juries cease to be guided by the opinions of such experts, who are not qualified to give opinions of any real value, "how can we hope (as alienists) to protect ourselves from the fallacies of their testimony, whether before the tribunals of justice, or the more terrible ordeal of public judgment—a court whose revisions of error hardly ever come in time to reinstate its victims in the position of innocent, much less of meritorious, men?"† I quite agree with Dr. Workman as to the little value to be attached to the opinions, as applied to the insane, of surgeons in ordinary practice, who are unacquainted, by personal experience, with the peculiarities of surgical injuries in lunatics. Having myself had frequent occasion to hold consultations with surgical practitioners in cases presenting surgical difficulty in my own practice, I have found their opinions too often not only useless, but absurd; because the procedure or appliances that are proper in the case of a quiet sane patient, who coöperates with his surgeon

* Asylum Report, pp. 14, 15.

† Journal of Mental Science, vol. viii. pp. 582–584.

in the efforts made for his recovery, are not equally applicable—indeed, are sometimes singularly *inapplicable*—in that of a violent, restless, destructive maniac, who applies all his strength, perseverance, and ingenuity to thwart the procedure intended for his benefit.

The two preceding classes of cases refer to the *non-detection*, during life, of rib-fracture, or of the osseous fragility on which such fracture may depend ; but there is another interesting group of—

III. *Cases of Rib-fracture detected on admission into Lunatic Asylums*, in which the discovery of such injuries is due to the medical examination of entrant patients that is now generally made in lunatic asylums in all parts of the world. There are few asylum physicians of any experience who have not met with instructive cases of this kind,* and who are not quite alive to the policy of making such entrance examinations, in order to guard themselves or their subordinates against the accusations that are sure to be made in the event of the discovery of such injuries as rib-fracture *subsequent* to admission. Some instructive instances of rib-fracture so detected are given in the annual reports of the New York State Lunatic Asylum at Utica. Thus, Dr. Gray, who is physician-in-chief of the said asylum, as well as editor-in-chief of the AMERICAN JOURNAL OF INSANITY, reports, among the admissions of a single year, one case of fractured clavicle, one of fractured ribs and sternum, and one of fracture of the arm—all in acute mania. He adds the important particulars that, in no case, were these injuries produced by intentional violence ; or, in other words, they were not attributable to mal-usage by attendants, but to accident or self-inflicted injury. In no case did the patient com-

* *Vide* 32d Report of the Murray Royal Institution, p. 10.

plain of pain or injury; the fact of bone-fracture existing at all being unsuspected either by patients or friends till the medical examination was made by the asylum physicians. "The person who had a fractured clavicle was very wild and boisterous, and moved his arm in every direction; complained of no pain, and challenged those about him to fight. The first day we were unable to bandage him; and, even after we succeeded in this, he tore off the bandages, and tore up his clothing and bedding; *notwithstanding which*, the bone united in the usual period, and without any unfavorable symptoms."*

In another year, he describes the following two cases: "One had, in jumping from a window at home, under delusions, fractured his sternum and clavicle, and driven down his neck into his chest, pushing out the upper portion of chest and vertebral column so as to shorten himself about two inches."†. The other was a male, *æt.* 53, admitted in a state of high maniacal excitement (restless and noisy.) There were bruise-marks on the chest, and emphysema was rapidly developed. Rib-fracture was suspected, but proper examination of the thorax was rendered impossible on account of his restlessness. He died from hydrothorax. The post-mortem examination proved the correctness of the diagnosis as to rib-fracture, there being five ribs broken on one side and four on the other; the sternum also being fractured.‡

Such cases as the foregoing show how unjust and absurd it is to ascribe all rib-fracture in the inmates of lunatic asylums to deliberate *violence by attendants*. I believe that as a body, asylum attendants lie under

* 20th Report (for 1862,) p. 15.

† 27th Report (for 1869,) p. 15.

‡ Utica Asylum Reports, 27th (for 1869,) p. 77.

most unmerited opprobrium for supposed brutality or roughness in the management of their charges—especially of such as are unusually troublesome by reason of filthy habits, insubordination, assault, destructiveness, mischief, or otherwise. Attendants would not be human, did they not occasionally lose their temper or self-command, and allow themselves to be irritated into acts that they very speedily regret, and for which they have frequently most inadequately to atone. But even in the exceptional cases in which faults of commission occur, far too little allowance is made for the provocations to which they are subjected. My own experience has led me, on the whole, to be equally surprised and gratified at the forbearance and kindness they exhibit—a forbearance and self-control infinitely greater than that which is sometimes exhibited by their superiors in office, notwithstanding the professions by the latter—*usque ad nauseam* sometimes—that *their* rule of practice in dealing with lunatics is that combination of all the virtues embraced in the so-called “Law of Kindness!”

Rib-fracture may legitimately be regarded as one of the many fruits of the *non-use of mechanical restraint* in cases where it is really required. There can be no doubt that many, at least, of such cases, would never have occurred, had the “camisole” (*vulgo*, the old “straight-waistcoat”) been timeously employed, or had any other efficient means been used to confine the arms, legs, or body.* Since, however, the Conollyan era in the history of Hanwell, it has been deemed culpable in this country to make use of this or other simple *mechanical* means of preventing self-injury or injury to others.† There is and there has long reigned in England, a tyr-

* *Vide* 37th Report of the Murray Institution, p. 12.

† *Vide* 39th Report (1865–8,) p. 15.

anny of public opinion on the subject of non-restraint in the treatment of the insane—a tyranny which, among other bad effects, prevents the superintendents of its asylums acting upon their individual judgment in individual cases as regards the imposition of mechanical restraint.* The substitution of *personal* for mechanical restraint—restraint by *attendants* instead of by mechanical appliances—has led to incessant personal struggles, during which it would have been strange had rib-fracture not occasionally occurred in common with other injuries of even a more serious character. The terrorism which is in England exerted on asylum authorities by the bugbear of public opinion, the anathemas of the fourth estate, and the censorship of the Board of Lunacy, is a very real one†—in the eyes especially of

* *Vide* Dr. Kellogg, of the New York State Asylum at Utica, in his Notes of a Visit to the Asylums of Europe: AMERICAN JOURNAL OF INSANITY for January, 1869.

† That it is real, is admitted by those of the English alienists themselves who are manly enough to speak out—on a subject on which I have found them more given to whisper with bated breath, as if it were treason even to breathe aspirations or opinions contrary to that worst of all tyrants or despots—public opinion! One English Asylum physician, writing me in 1869, says: “I quite agree with your remarks about the *terrorism* that the Lunacy Commissioners exercise in England. *All independence* is really extinct now in this department” (lunacy practice.) Another, writing still more recently (1870,) remarks: “In the present state of feeling on the subject of restraint and cruelty in asylums, one can scarcely be too much of a *coward* if he would avoid imputations, whose groundlessness is only equalled by their ridiculousness. . . . On the head of what might be called the *restraint system* as applied to medical men” (engaged in lunacy practice) “see the correspondence between Dr. Sheppard and the Commissioners in Lunacy, and you will easily understand how difficult it is, when there is so much spurious sentiment abroad, to avail one’s self of a useful means of treatment, or of the exercise of a little native discretion!”

strangers, who can contrast it with the manly independence that exists on the same subject, as regards both action and opinion, in America! England boasts of being (as regards the treatment of its insane) the country of non-restraint; but it will repudiate, I do not doubt, the addition, that it is equally entitled to the designation of the country of fractured ribs; and it will, I dare say, indignantly deny that there can be any proper connection between the non-use of mechanical contrivances against self-injury, or against the provocation of attendants beyond the bounds of their self-command, and the frequency of rib-fracture, in common with many minor or major injuries!

Nevertheless, I believe that, in relation to the causation of such injuries, we must regard, as the *real offenders*, not the poor defenceless attendants, who are at present saddled with the whole of the guilt: but the following categories of persons or institutions, viz.:

1. Such men as Conolly and Gardiner Hill, who have promulgated the absurd and mischievous dogma, that in *all* cases mechanical restraint is unnecessary and improper.*

2. All who have adopted this dogma of *non-restraint*, who have imbibed the extreme views of Conolly and Hill, constituting them their creed *quoad* the management of the insane; including especially—

- (a.) The general public.

*“The *Entire Abolition of Mechanical Restraint in the Treatment of the Insane*,” is the title of a volume published by Dr. Gardiner Hill, in 1857 (London,) which contains the following enunciation of his views: “Restraint is *never* necessary, *never* justifiable, and *always* injurious in *all* cases of lunacy whatever!” (p. 52.) Now Conolly professes to have followed Hill, and the school which Conolly may be said to have founded thus adopts as its creed a proposition, which is (to say the least of it) much too sweeping and dogmatic, as I hope elsewhere to be able to prove.

(b.) The general newspaper press, with certain exceptions.

(c.) A section, at least, of the medical press, such as the "Journal of Mental Science"* and the "Lancet."†

(d.) The Board of Lunacy.

I do not, however, further enter at present upon this delicate subject, having collected materials for a separate essay on "The Theory and Practice of Non-restraint in the Treatment of the Insane."‡

*The narrow views of the latter on this subject are in marked contrast to the more liberal and enlightened ideas of its predecessor and rival—the "Journal of Psychological Medicine," as edited by Dr. Forbes Winslow.

†In favorable contrast are the ideas of the "Medical Times and Gazette," as expressed (*c. g.*) in vol. ii. for 1868, p. 365; and in vol. i. for 1869, p. 254.

‡Meanwhile my opinions regarding the *disuse of mechanical restraint*, and the *substitution* for it of *restraint by attendants*, may be found expressed in (1.) the 11th Report of the Board of Lunacy for Scotland, Appendix, pp. 70 and 272. (2.) The following Reports of the Murray Institution:—39th, p. 15; 37th, p. 12; 32d, p. 13. (3.) The following separate papers:—(a.) On "Temporary Insanity," Edin. Medical Journal, vol. xi. (1865,) p. 449. (b.) On "Typhomania," Edin. Medical Journal, vol. xiv. (1868,) p. 333.

BIBLIOGRAPHICAL.

REPORTS OF HOSPITALS FOR THE INSANE FOR 1869.

1. ALABAMA.—*Annual Report of the Alabama Insane Hospital.* 1869. Dr. PETER BRYCE.

At the close of last year there were 164 patients in the hospital. Admitted since, 87. Total, 251. Discharged recovered, 22. Removed by friends, 10. Eloped, 6. Died 22. Total 60. Remaining under treatment, 191.

Dr. Bryce accounts for the increased mortuary list, by the fact that the hospital suffered from a "severe type of pernicious malarial fever." As many as 60 cases were under treatment during the epidemic. The doctor commends the noble conduct of the attendants and employés of the house, during their trying and dangerous duties. None left the employment of the institution, though none could reasonably expect to escape an attack. The institution was begun before the war, and has remained in an unfinished state. Several new wards have been opened and furnished during the year, and considerable repairs and improvements are reported. A bakery, new barns, and other buildings for farm purposes have been erected. The grounds have been inclosed, shade and fruit trees planted, and such changes made as must add to the appearance and comforts of the hospital. The trustees report that the affairs of the asylum have been conducted with economy and success, and congratulate the public on their choice of a medical superintendent, who has given, in his conduct of affairs, the best proof of his ability and integrity.

2. CONNECTICUT.—*Fourth Annual Report of the General Hospital of the State of Connecticut*: 1869. Dr. A. M. SHEW.

At the close of the last year there were 209 patients in the hospital. Admitted since, 134. Total, 343. Discharged recovered, 43. Improved, 18. Unimproved, 27. Not insane, 2. Died, 21. Total, 111. Remaining under treatment, 232.

The institution is not completed in accordance with the original plan, and is much crippled in its opportunity for accomplishing the greatest amount of good, by the lack of accommodation for patients. Only a small proportion of the whole number of the insane in the State, can be received into the hospital; and the applications for the reception of patients so far exceed the capacity of the institution that there is a strong probability that many acute cases will become chronic, before they can be placed under treatment. We regret to see that Dr. Shew has placed himself on record as having so little confidence in the use of medicines in the treatment of insanity. "In this connection I ought perhaps to state a fact not sufficiently understood, that in the treatment of mental disorders little reliance is placed on the action of drugs." In his last report received by the Journal we find the announcement of the appointment of a special pathologist, and from this fact had thought the Doctor fully appreciated the importance of investigation into the pathology of disease, and of appropriate medical treatment. In this way only can we meet the demands of medical science, and make any real progress in our knowledge of insanity as a disease, and of the means to combat it successfully. The affairs of the institution seem to have been conducted with an economy and success creditable to the officers and the State.

3. CONNECTICUT.—*Forty-fifth and forty-sixth Annual Reports of the Officers of the Retreat for the Insane at Hartford, Conn. : 1869 and 1870.* Dr. JOHN S. BUTLER.

At the close of the last year there were 135 patients in the hospital. Admitted since, 87. Total, 258. Discharged recovered, 60. Much improved, 32. Improved, 36. Not improved, 95. Died, 17. Total, 240. Remaining under treatment, 135.

The report is mostly taken up by a description of the alterations and improvements to which the buildings have been subjected, and of an exposition of the relation which the institution has sustained to the State during the past thirty years, now terminated by the erection of a State hospital at Middletown. From this it appears that the State was largely benefited by the generous action of the trustees of the Retreat, in receiving such insane patients as were a public charge. The institution is now in a prosperous condition, and furnishes increased facilities for the comfort and care of its inmates.

4. DISTRICT OF COLUMBIA.—*Annual Report of the Government Hospital for the Insane : 1869.* Dr. CHARLES H. NICHOLS.

At the close of the last year there were 329 patients in the hospital. Admitted since, 166. Total, 495. Discharged recovered, 72. Improved, 12. Unimproved, 9. Died, 33. Total, 126. Remaining under treatment, 369.

Dr. Nichols makes a brief report of improvements in the ornamentation of the pleasure grounds, and of large returns for expenditures in draining and fertilizing the farm. He describes, at some length, a new electro-magnetic watch-clock, which has recently been placed in the building, and upon which he relies "for insuring careful and constant watchfulness on the part of the night attendants and watchmen." The institution has

been put in telegraphic communication with the police and the fire departments of the city of Washington. For this reason greater security is felt, as immediate assistance can be obtained in case of fire, or disturbance of peace in the vicinity. This is an important consideration, where an institution is so far removed from the city. The hospital has been in all respects prosperous during the last year.

5. KENTUCKY.—*Annual Report of the Eastern Lunatic Asylum of Kentucky*: 1869. Dr. WILLIAM S. CHIPLEY.

At the close of the last year there were 320 patients in the hospital. Admitted since, 230. Total, 550. Discharged recovered, 61. Removed, 24. Eloped, 5. Died, 30. Total, 120. Remaining under treatment, 430. The institution can accommodate nearly 100 more patients, and not one has been denied admission.

The report this year is one of unusual interest, as Dr. Chipley has given a condensed history of the asylum from the time of its opening, now nearly one half-century ago. "The Kentucky Eastern Lunatic Asylum, and the Retreat at Hartford, Conn., were opened for the reception of patients about the same time, in 1824. With the exception of the asylum at Williamsburg, Va., which was established in 1773, these were the first independent hospitals for the relief of the insane, and this was the second State asylum founded in the United States. A department for the insane was opened in the Pennsylvania hospital as early as 1752."

On the first day of May, 1824, says Dr. Chipley, the first patient was admitted into this institution from the county of Woodford. I was present and witnessed this beginning of the practical operations of this great charity; and I have watched, with intense interest, every onward step it has made towards that more perfect organization which characterizes the highest order of similar institutions of the present day.

The first patient was one of the most pitiable and repulsive objects I ever saw. She was a mulatto, about twenty-one years old; had never been able to walk or talk; nor had she ever partaken of solid food. She had never been known by any other name than "Charity;" and she thus stands now at the head of our registry.

No better case could have been found to illustrate the design of the Commonwealth to penetrate to the lowest depths of human suffering; to raise up, cherish, and console—all, in the pure spirit of charity.

A statement of progress made in the medical and moral treatment of patients, of the various financial and other difficulties under which the institution has labored, and of the improvements and additions made to the buildings and the grounds of the asylum, complete this highly interesting report.

6. KENTUCKY.—*Annual Report of the Western Lunatic Asylum of Kentucky*: 1869. Dr. JAMES RODMAN.

At the close of last year there were 280 patients in the hospital. Admitted since, 81. Total, 361. Discharged recovered, 39. Improved, 5. Unimproved, 3. Eloped, 4. Died, 9. Total, 60. Remaining under treatment, 301.

The report is unusually brief, but contains a statement of the pressing demand of the institution for a chapel, for a library, and for increased means of amusement for the patients. Comment is made upon the embarrassment under which the asylum labors, because public officers persist in sending the epileptic, the lame, the blind, and idiotic, to the asylum established only for the insane. The Legislature is requested to pass a law by which the indigent insane may be cared for at the public expense, without being pauperized in being compelled to pay the whole or a part of the expense of their care and treatment.

7. KANSAS.—*Annual Report of the Kansas Insane Asylum:* 1869. Dr. C. O. GAUSE.

At the close of last year there were 10 patients in the hospital. Admitted since, 19. Total, 29. Discharged recovered, 22. Unimproved, 1. Died, 1. Total, 24. Remaining under treatment, 15.

This young State has already begun to look after its own interests and those of the insane, by erecting an institution somewhat commensurate with the demands of the insane. More than \$25,000 have been expended in putting up such a building, which is already occupied.

8. MARYLAND.—*Annual Report of Maryland Hospital for the Insane:* 1869. Dr. WILLIAM F. STEUART.

At the close of last year there were 113 patients in the hospital. Admitted since, 218. Total, 331. Discharged recovered, 145. Improved, 43. Unimproved, 9. Died, 20. Total, 217. Remaining under treatment, 114.

This report is almost entirely statistical.

9. NEW HAMPSHIRE.—*Annual Report of the New Hampshire Asylum for the Insane:* 1869. Dr. J. P. BANCROFT.

At the close of last year there were 237 patients in the hospital. Admitted since, 130. Total, 367. Discharged recovered, 37. Improved, 34. Unimproved, 20. Died, 23. Total, 114. Remaining under treatment, 253.

Upon the subject of treatment of insanity, we quote a sentence which embraces in one view the ideas advocated in the report. "Foremost among the general principles capable of ensuring advancement is freedom from the demands of any preconceived, abstract theory of treatment of universal application. Each instance of disease ought, on the other hand, to be made a study

by itself, and such special treatment, medical, hygienic or moral, applied, as is suggested by the facts discovered in the particular case."

A new ward, a chapel, and a kitchen, have been newly erected, and a laundry rebuilt. Flues for ventilation have been placed in the hospital buildings, and other and extensive improvements are in contemplation.

10. NEW YORK.—*Annual Report of the Kings County Lunatic Asylum*: 1870. Dr. EDWARD R. CHAPIN.

At the close of last year there were 558 patients in the hospital. Admitted since, 314. Total, 872. Discharged recovered, 130. Improved, 62. Unimproved, 20. Died, 58. Total, 270. Remaining under treatment, 602.

Since the erection of the new wards the institution has not been over-crowded. This results from two causes; the increased accommodations possessed, and the action of the Board of Supervisors of the County in refusing admission to non-residents. Still some not entitled to the benefits of the institution gain admission through concealment or deceit. In his report Dr. Chapin has treated somewhat at length of the inability of the friends of the insane fully to realize their condition, and of the reluctance to place them under asylum treatment. Upon the subject of family disagreements and their frequently injurious effects upon the patient, he says:

But if by chance a portion of the relatives, in consequence of some pre-existing family difficulty, or from other cause, should not have been consulted, or if consulted, the unfortunate invalid has been committed to an asylum against their expressed wishes, there is no end to the schemes to which the disaffected branch sometimes resort in order to procure his or her release. Time and again have insane persons been removed from this asylum, because the perplexed husbands, or wives, could not resist the importunities of

their disaffected connections. If these doubting and doubtful friends can thereupon be induced to assume entire charge of, or hold daily intercourse with, their afflicted kinsfolk, these unfortunate persons are almost invariably returned to the asylum; but under different circumstances—compelled to await the slow process of satisfying everybody, as to their insanity—the disease is very liable to become confirmed, beyond the possibility of relief. To such most unhappy misunderstandings, doubts and differences, among the relatives of insane persons, occurring at the very stage of the disorder, when it is most susceptible of successful treatment, it is in considerable measure owing that so many are retained at their homes until all hope of recovery has vanished, and are only sent to asylums when they have become too troublesome, or too old and burdensome, to be easily cared for elsewhere.

11. NEW YORK.—*Annual Report of the Bloomingdale Asylum for the Insane*: 1869. Dr. D. TILDEN BROWN.

At the close of last year there were 157 patients in the hospital. Admitted since, 140. Total, 297. Discharged recovered, 51. Improved, 42. Unimproved, 16. Died, 27. Total, 136. Remaining under treatment, 161.

During the year two patients were discharged upon a writ of *habeas corpus*. Reference is made to the charge against the institution which these proceedings gave origin to, viz.: that persons were sometimes detained in asylums for gain, and that patients were discharged “in anticipation of a hearing upon a writ of *habeas corpus*, because the pecuniary interests of the institution might be injuriously affected by a public examination of these persons.” The animus and groundlessness of these charges are fully exposed by Dr. Brown. Prominence is given to the admirable remarks of Judge Ludlow, in an application for the discharge of an insane patient from the Pennsylvania Hospital, which were presented in the last JOURNAL.

12. NEW YORK.—*Annual Report of the Hudson River Hospital for the Insane*: 1869. Dr. J. M. CLEVELAND.

This institution is in progress of erection, and is not yet prepared to receive patients. The report relates principally to the building operations of the past year. "The buildings now in progress will have accommodations for 75 patients, and temporary offices for administrative purposes." The work upon the hospital has been pushed forward as rapidly as the appropriation made by the Legislature would admit. The necessities of the State for increased accommodations, and the special claim of the eastern portion thereof are briefly stated.

In regard to the popular belief that insanity is upon the increase in the State, we quote:

The opinion, not uncommon, that "insanity is fearfully on the increase," does not seem to be justified by facts. It has not been proved that new cases of mental disorder are occurring now in a higher ratio than heretofore. But the number of the chronic insane is undoubtedly increasing, and the reason is not far to seek. Had the same energy been shown in affording the means of combating and removing insanity, as has, more than once, been exerted in "stamping out" the cholera from our large cities, we should now be counting our chronic insane by tens instead of by hundreds. Oneida county furnishes a significant and forcible illustration of the truth of this statement. In this county is situated the Utica asylum, and its influence has been such that every acute case happening in the county is at once placed under hospital treatment. The result is that only *five* per cent. of those treated in the early stage of the disease remain as incurables; thus more than verifying the assertion of Dr. Jarvis, the statistician, that, "in a perfect state of things, where the best appliances which the science and skill of the age have provided for healing, are offered to the lunatics in as early a stage of their malady as they are to those who are attacked with fever or dysentery, probably eighty, and possibly ninety per cent. would be restored, and only twenty, or perhaps ten per cent. would be left among the constant insane population."

13. NEW YORK.—*Annual Report of the New York City Lunatic Asylum*: 1869. Dr. R. S. PARSONS.

At the close of last year there were 1,035 patients in the hospital. Admitted since, 680. Total, 1,715. Discharged recovered, 183. Improved, 141. Unimproved, 88. Died, 122. Total, 534. Remaining under treatment, 1,181.

There has been a large increase of the patients under treatment during the year, and the institution has been taxed beyond its capacity. The demand has been met, partly by the transfer of the more quiet to the work-house department, and partly by the erection of a new pavilion. Improvements have been made in lighting the buildings by gas, and in the means of heating the pavilions. Difficulty is experienced in providing suitable physical exercise for patients during the period of convalescence. The entertainment of the patients has claimed a share of attention, and due success has attended the efforts made in this direction.

The resident physician, Dr. Parsons, was appointed a member of a committee on plans for a new asylum to be erected on Ward's Island. The work has progressed favorably, and with the buildings erected and now in process of construction, "the asylum would be in every respect a complete working establishment, a real *hospital* for the insane, sufficient for the accommodation of 350 patients of the same sex." For details of the plan we refer our readers to the report.

The tabulating of the pathological changes found in the *post-mortem* examinations is a new feature of the report.

14. OHIO.—*Annual Report of the Longview Asylum for the Insane*: 1869. Dr. O. M. LANGDON.

At the close of the year there were 425 patients in the hospital. Admitted since, 334. Total, 759. Dis-

charged recovered, 179. Improved, 7. Unimproved, 1. Eloped, 2. Died, 59. Total, 248. Remaining under treatment, 511.

The number of patients received during the year was largely increased by admissions from the Central Ohio Asylum, which was destroyed by fire. There were accommodated from that asylum 135 patients. A large proportion were chronic cases which had accumulated there during a term of years. This accounts for a decrease in the percentage of recoveries and the increase in that of deaths. Improvements have been made, in the erection of a stable, an ice and milk-house and in the increased conveniences of service rooms on the wards, and the ornamentation of the central building.

The asylum for colored patients has also received many needed improvements, and "will compare favorably with any of the first class institutions of the kind in the country." The necessity of legislation for inebriates is discussed, but no form of legal enactment is proposed.

15. OHIO.—*Annual Report of the Central Ohio Lunatic Asylum*: 1869. Dr. WILLIAM L. PECK.

A somewhat detailed account of the destruction of the asylum by fire, on the 17th day of November, 1868, is given in the report. The fact and attendant circumstances have already been chronicled in the JOURNAL. The contracts for rebuilding the asylum upon the former grounds, with accommodations for 500 patients, have been made, and the work commenced.

16. OHIO.—*Annual Report of the Southern Ohio Lunatic Asylum*: 1869. Dr. RICHARD GUNDRY.

At the close of last year there were 182 patients in the hospital. Admitted since, 297. Total, 479. Discharged recovered, 102. Improved, 10. Unimproved,

6. Died, 15. Total, 133. Remaining under treatment, 346.

The institution was originally built to accommodate 150 patients. It has been increased to a capacity for 400 patients. The new wards have been occupied from time to time as they were completed, and afford great satisfaction in the comforts furnished, and in relief from the former over-crowded condition of the house. A new steam-heating apparatus has been introduced, and many changes made in the economic and working details of the house to adapt them to the new circumstances. A new water supply has been obtained and utilized.

By legislative enactment two assistant physicians are now allowed the institution, and an appointment was made to fill an original vacancy thus created.

The statistical tables furnished by Dr. Gundry are numerous and full. A comparison of the percentage of recoveries in the two divisions of insanity, viz.: mania and melancholia, is made as follows: recoveries in cases of mania 54.24 per cent.; in cases of melancholia 55.56 per cent. Nevertheless; the doctor adds, "I think very little difference will be discovered in favor of either; in other words, that the prognosis is not more favorable for the one than the other, but depends almost entirely upon other features of the case."

17. PENNSYLVANIA.—*Annual Report of the Asylum for the Relief of Persons deprived of the Use of their Reason: 1869.* Dr. J. H. WORTHINGTON.

At the close of last year there were 62 patients remaining in the hospital. Admitted since, 20. Total, 82, Discharged recovered, 13. Improved, 8. Unimproved, 4. Died, 5. Total, 30. Remaining under treatment, 52.

Upon the subject of the general health of the insane, Dr. Worthington makes the following judicious remarks:

GENERAL HEALTH.—The preservation and improvement of the physical health of the insane are among the most important objects that can occupy the attention of those who are engaged in providing for their wants. The tendency to deterioration of their physical as well as of their mental powers, which though not always strikingly manifested, is present in all cases, with but few exceptions, is such as to require constant efforts to counteract it. The necessity of all those sanitary measures which reason and experience have proved to be indispensable for the maintenance of health wherever numbers of people are collected together in a limited space, is therefore even greater than in ordinary hospitals. The most essential requisites for the prevention of disease under such circumstances, are embraced in an adequate supply of wholesome food, pure water, fresh air and the means of bodily exercise.

A small ward for excited male patients has been erected.

18. PENNSYLVANIA.—*Annual Report of the Western Pennsylvania Hospital*: 1869. Dr. JOSEPH A. REED.

At the close of last year there were 295 patients in the hospital. Admitted since, 201. Total, 496. Discharged during the year, 162. Remaining under treatment, 334. The condition of those discharged is not stated.

The doctor's report is brief, and is occupied mostly by an analysis of the cases received during the year, showing a large number of chronic insane, a mortuary record, and an analysis of all cases received into the institution, with special reference to the duration of insanity before admission, and length of residence in the asylum. The usual statistical matter is appended.

19. TENNESSEE.—*Biennial Report of the Tennessee Hospital for the Insane*: 1868-9. Dr. W. P. JONES.

At the close of 1867 there were 270 patients in the hospital. Admitted since, 244. Total, 514. Discharged recovered, 105. Improved, 49. Unimproved, 10. Eloped, 6. Died, 50. Total, 220. Remaining under treatment, 294.

Dr. Jones has again recorded his views upon the benefits to the insane of regular religious services upon the Sabbath. He quotes "in extenso" his remarks before the Association of Medical Superintendents of American Institutions for the Insane. He also enters his protest against the serving of legal processes upon insane persons restrained of their liberty, and calls upon the Legislature of Tennessee "to repeal these absurd, these irrational provisions, and require legal documents to be served upon natural or legal guardians." We are sorry to find in this report the resignation, by Dr. Jones, of the superintendency of the institution which he has so long and ably controlled, and to which he has devoted his time and energies. We give his resignation, with the causes which led to it, in full:

And now, gentlemen, you will not be surprised to learn that, in consequence of many years' suffering, an attack of hemiplegia this spring, and partial disability since, I feel it my duty, and do hereby resign the superintendency of this institution—to take effect the first of November, or such other time as may suit your convenience. For seven years and more, as an officer of the State, I have, with conscientious fidelity, attempted to do my duty, and when well, did what I could.

The position of medical superintendent has been no sinecure to me. During the war I made many sacrifices of ease and comfort, that others might have both. Repeatedly, before the dawn of morning, with lunatics and others, I went to the forest to provide fuel for fire, to prevent patients and flowers freezing; and once, at least, I retired to bed not knowing where so much as a morsel of bread should be had next day for our dependent household. For a considerable period I had no assistant, and from time to time took upon myself the duties of superintendent, physician, assistant physician and steward; and during much of this time my salary was received not in gold or greenbacks, but in Tennessee money, depreciated from forty to sixty per cent. As, however, I was not working exclusively for money, I exercised as much sleepless vigilance as if I had been receiving twice the amount in gold.

The institution, in my hands, has steadily advanced in interest, beauty and usefulness; and in humane, moral and curative respects, it compares favorably with the best in the country.

In present health, I might possibly, without just complaint, retain the superintendency for several years, or during the period of my election: but one threatened as I am, and actively engaged as I have been, may not relax his efforts without detriment to his patients, and subjecting himself to uncharitable criticism, and I do not propose to do either. If He who healeth all our diseases will but grant me health again, I shall be profoundly thankful, and seek some other sphere of usefulness. In any event, I shall not copy the example of Abimelech, who, when wounded by a woman, called hastily to his armor-bearer, "Draw thy sword and slay me, that it may not be said of me a woman slew him." I certainly have no ambition thus, by quick dispatch, to escape the results of a causeless blow, though inflicted by an infuriate madman. A better faith bids me "be still," and regard even this a possible blessing, and not without the providence of Him who permits not a sparrow to fall without his notice.

In retiring from a specialty to which I have devoted the meridian of life, I shall enjoy whatever of consolation is incident to the fact, that the infirmity which drives me hence, is the result of injury received when I was faithfully and honestly endeavoring to do my whole duty—when the energies of mind and body were taxed to the utmost—in efforts to meliorate the condition of the insane and mitigate the horrors of civil war.

Earnestly desiring that God, who governs all things after the counsel of His own will, may direct you in the selection of my successor,

I have the honor to be, your fellow citizen,

W. P. JONES.

We have received the supplementary report of the doctor, extending from October, 1869, to January, 1870, at which time his connection with the asylum closed.

We present the letter of the trustees to Dr. Jones, on accepting his resignation:

DR. W. P. JONES:

Dear Sir:—In accepting your resignation as Superintendent and Physician of the "Tennessee Hospital for the Insane," the Board of Trustees beg leave to express to you their sincere regrets for the misfortune which seemed to you to render a severance of our long and pleasant relations, necessary.

It is but simple justice, to a faithful public officer, that we bear free and frank testimony to your noble and self-sacrificing devotion to your high trust; that you have raised high the standard of an enlightened and Christian philanthropy; and while you have tenderly cared for the wants of the unfortunates under your charge, you have sacredly guarded the interests of the State.

In your retiracy, you carry with you our earnest wishes for your health, happiness and prosperity.

Truly and fraternally yours.

In taking leave of Dr. Jones as superintendent of an institution, we can but indorse the letter of the trustees.

20. MASSACHUSETTS.—*Annual Report of the State Lunatic Hospital at Worcester, Mass.*: 1869. Dr. MERRICK BEMIS.

At the close of last year there were 382 patients in the hospital. Admitted since, 337. Total, 719. Discharged recovered, 149. Improved, 136. Unimproved, 11. Died, 47. Total, 343. Remaining under treatment, 376.

The report is a voluminous one, and contains a large amount of statistical matter, covering the whole time from the opening of the asylum in 1833. An epitome is given of the general workings of the hospital during the year, and extracts from the official records, showing the over-crowded condition of the building, and the disadvantages and discomforts experienced from this cause during its whole existence. The doctor then presents, in a clear and forcible manner, his own views of the results of this pernicious practice; of the necessity of creating a healthy public sentiment in regard to the insane, and the nature of their malady, such a sentiment as will demand "that any remedial means, medical, moral, and mental, be patiently, perseveringly and scientifically employed for their restoration to health and happiness." To accomplish this end, he gives in

detail his own idea of the manner in which a hospital should be constructed, and closes with recommending the sale of the present hospital grounds, and the purchase of others more remote from the city, and the erection thereon of a new series of buildings in conformity with the plan presented. This plan is the one known abroad as the cottage system; a scheme, as the readers of the JOURNAL know that we have not only dis-favored but opposed, on grounds heretofore stated. We extract that portion of the report relating to the plan, and hope the doctor may be successful in finding such a location as combines all the advantages which his plan contemplates, and in such a neighborhood as contains a sufficient number of "well to do families" who will comply with the hospital regulations suggested.

To accomplish these most desirable objects, every lunatic, wherever he may be, or whatever his condition may be, should be under the care and control of the State, and should be frequently visited by some State medical officer, and his condition, care and surroundings carefully and systematically noted and recorded.

Some sufficient means should be at the command of every hospital for the insane to instruct nurses and attendants on probation, and retain their services when desirable.

No person should ever be confined in a lunatic hospital if he can have proper care and control out of it.

There should be attached to every hospital for the insane a sufficient number of medical officers, so that one may be ready at all times to attend to insane patients, wherever they may be cared for, within convenient distance of the hospital.

The patients out of the hospital proper being the majority, and consisting of all whose circumstances would insure proper attendance, more complete and perfect arrangements might be made for the smaller number in the hospital proper than has been anywhere attempted as yet.

There should be found in the neighborhood of the hospital a few well-to-do families who would be willing to receive one or two lunatics, such families being governed, so far as their lunatic boarders are concerned, by all the rules and regulations of the hospital. To these such patients should be sent as require a removal from

home, but who hardly need all the restraint of a hospital. A few convalescents, and a few mild chronic cases, might also find more suitable homes in such accommodations than elsewhere.

Information should be given of all lunatics, harmless or otherwise, who might be wandering about the country, and liable to become troublesome and dangerous, and these persons should be examined and registered by the deputy, and placed under restraint if necessary. The security and comfort of all these not necessarily confined in the hospital being provided for, the hospital would become the most cheerful and comfortable, as well as the most desirable place for the special treatment of acute forms of mental disease, and the quiet and repose of such as need rest and recuperation from exhausting mental disturbance.

Let us consider very briefly what this hospital should be and of what it should consist.

For the best management and control of persons afflicted with mental aberration to that degree which requires interference and restraint, it is necessary that places be provided where they can be kept quite separate from relatives and friends, and all those persons whom in health they have been in the habit of commanding or controlling, and where they will be removed from all objects likely to produce the same class of mental operations which accompanied the invasion of the disease.

The first consideration of importance is the proper location of the buildings. The site should be elevated, and, if possible, on a sunny slope, and by no means in a cold or exposed situation. The soil should be gravel, and there should be such a supply of pure water as to make the quantity used daily of no importance.

The estate should be near, but not immediately adjoining, a large town, having abundant railroad facilities, and should be thoroughly enclosed by a high and substantial wall, and furnished with a gate-keeper's lodge at the entrance. The surface of the land should be uneven and broken by groves and scattering trees of natural growth. The quality of the soil is of but little consequence in comparison to the quantity, but a heavy clay subsoil should be avoided.

The buildings should be mainly of two stories, and should be constructed in the most substantial manner of brick or stone, and made as cheerful and pleasing in their aspect as a due regard to a wise economy will permit.

They should consist of, first, a hospital proper, containing every facility in its construction for classification, seclusion, and treat-

ment which ingenuity can devise or skill create. This will be best obtained by erection of separate blocks or wings at some little distance from each other, connected by light airy passages or corridors, under which shall be a continuous basement. Each block or wing shall contain within itself every comfort and every facility for the care of its patients, and shall be, to all intents and purposes, a separate and detached hospital. In the lower story there should be the dining-rooms, sculleries, lavatories, water-closets, sitting-rooms, billiard-rooms, reading-rooms, and an occasional room for temporary seclusion of excited patients. The lower story should be connected with the upper story by a wide, light, and easy stairway, and this story should contain the sleeping apartments, bathing-rooms, water-closets, wardrobes, and dressing-rooms, and rooms for seclusion when necessary, and also semi-secluded rooms for the sick, and proper chambers and offices for the nurses.

The rooms should all be lighted by large and pleasant windows, commanding the most pleasing views the situation will permit. The rooms on the lower floor should be large, cheerful and airy, well warmed at all times, and thoroughly ventilated. The rooms of the upper story should be of convenient size, and have every comfort and convenience of sleeping-rooms and sick-rooms. The bathing-rooms, water-closets and lavatories should be large, light, airy, and of materials which do not absorb moisture. Each room should be thoroughly ventilated by separate flues carried to the main ventilating shaft or duct. The kitchen and domestic offices should be at or near and in the rear of the centre of this proposed group of separate and detached wings or blocks. The public offices, medical offices and business offices, should be at or near and in front of the centre. The corridor basement should connect each wing or block, as well as the corridor above, with the central offices and with each other, and in the basement will be placed facilities for conveying all supplies from the kitchen and stores to the wings or blocks. The males should occupy apartments on one side of the central offices and the females on the other, and all the accommodations should be separate and distinct from each other.

This centre group of blocks or wings should be of sufficient capacity to accommodate, in the best possible manner, about one-third of the whole number of patients destined to be managed and controlled in the whole establishment. The remaining two-thirds should be accommodated in structures of a different character, but should be subject to the same management and control. So far as the hospital proper is concerned, the objects sought are, a more

perfect and complete ventilation, so that the atmosphere of one ward should not diffuse itself through any other ward, but should escape at once into the open air, while its place is supplied as speedily by the purest air obtainable from the common supply of the whole atmosphere outside; a more complete separation of those cases requiring special treatment, and needing rest and seclusion, a more sunny and cheerful aspect to various wards, and less interference and discomfort from the general conduct of a large hospital.

The question of the plan would simply be, first, what is the structure most conducive to health; second, what is the most convenient and economical. That is, how can we best secure perfect ventilation, plenty of sunlight on all sides, pleasing views from all look-outs, and easy and convenient means of communication.

In order to realize all these advantages the wings or blocks may be arranged in any way in reference to each other, but it will generally be found best if placed in a line, or side by side, thus diminishing the distance to be traversed in going from wing to wing, and facilitating the administration of affairs. This allows covered passage-ways between all parts of the hospital without interfering with light or ventilation, and will afford the means for cozy, vine-covered walks and protected flower gardens for the exercising grounds of this class of patients. The remaining two-thirds of the whole number of patients destined to be cared for in the establishment should be accommodated in houses of smaller capacity, built for the purpose on the grounds of the institution and within its enclosures.

These houses should be of sufficient capacity to accommodate twelve to fifteen persons each, and should be of two stories in height, having all day accommodations in the first story, and all sleeping, and bathing, and dressing accommodations in the second story. The store-rooms should be placed in the basement, which should be high and dry. These houses should be plainly and substantially built of brick or stone, plainly furnished, and should be models of neatness and convenience. The cooking apparatus of each of these houses should be worthy of Yankee ingenuity and skill, and should be made to warm and ventilate all the rooms of the houses during the cold season of the year, as well as to warm all the water for the bathing purposes of the family. These houses may be placed at such distances from each other as the extent of the estate will permit, care being taken only to select sunny and cheerful spots in protected situations. Those occupied by the males should be at a little distance, and somewhat different in char-

acter and convenience from those occupied by females, and should be separated from them by a drive-way, and such other distinction as may be convenient. There should be no interior divisions of the estate except at the hospital proper, and such as are needed for the protection of growing crops.

Each house should have its garden for fruits, flowers, and vegetables, and should be cultivated by members of the family. Each garden should have its own walks, which should unite and harmonize with the general walk and drive through the whole grounds.

Naturally enough the houses on the side near the farm-house and stables should be occupied by the farm laborers. Those near the shops and engine-house would best accommodate the mechanics, gardeners and chore-men.

On the other side the houses near the laundry and bakery will accommodate the laboring women, housekeepers, seamstresses, &c. At a little distance from these the houses will be occupied by women—wives and daughters not accustomed to labor, who will pass their time in light employments, and in the gardens and grounds of the institution.

And still further remote, almost outside the gates, should be one for each sex, of still better character, partially secluded from all others, which should be furnished for, and occupied by, convalescents during the few weeks or months just previous to leaving the control of the institution for the duties of active life.

At or near the central group, or hospital proper, should be placed the steam-works for heating and ventilating, pumping, &c. The laundry, bakery, a model bathing-house, and the general store-house from which all supplies should be issued by an order from the proper office, and a strict account kept with every family receiving such supplies.

Here, too, should be the gymnasium, recreation-rooms, lecture-rooms, general library and chapel.

Here, also, should be a system of experimental shops for such persons as cannot be expected to engage in useful labor, but who would while away much of their time in rational activity, and thus promote a speedy restoration to sound health of body and mind.

Could this plan be adopted and carried out a wide step would be taken in advance of any existing arrangement for the care and recovery of the insane. In doing so a departure would, of course, be made from the general style and character of hospital buildings.

21. VIRGINIA.—*Annual Report of the Eastern Lunatic Asylum of Virginia* : 1869. Dr. D. R. BROWER.

At the close of last year there were 180 patients in the hospital. Admitted since, 53. Total, 233. Discharged, 23. Eloped, 1. Died, 9. Total, 33. Remaining under treatment, 200.

Dr. Brower says: "This asylum has suffered much from the devastation of the late war, and the repeated changes in its administration since the death of its late efficient superintendent, Dr. John M. Galt. Under his administration it had an enviable reputation, which it has been my constant aim to reëstablish, and, if possible, increase. For this purpose extensive repairs and improvements have been made and paid for without any additional State appropriation." Here follow in detail the improvements which have been made during the year. They are many and valuable, and exhibit a commendable degree of energy on the part of the Doctor, and a practical knowledge of the demands of an institution rarely met with in one who has so recently assumed the onerous duties of a superintendent. They include an increased water supply, new tankage, a system of drainage, the erection of new gas works, a new kitchen, with improved cooking and washing apparatus, refurnishing of dining-rooms and wards, the repainting of the asylum buildings, the fitting up of a new library and reading-room, improvements of the pleasure grounds, the erection of new work-shops, and the introduction of the "earth closet" in place of the ordinary privies, which had already been too long in use.

Of this Dr. Brower says :

It is a decided success, and I especially recommend it to the superintendents of public Institutions, who have not already established a satisfactory system of water closets with an abundance of water and downward forced ventilation, on account of the low

price of the fixtures, the perfect deodorization of the excretions, and the economic value of the resulting product. We have used the earth three consecutive times, after being dried, and have found the deodorization complete in each instance. We have also found screened coal ashes to answer as good a purpose as earth.

The importance of the purchase of more land—the necessity of increased accommodations for the insane of the State—and the demand for a new system of heating the institution with steam, in place of stoves and open fire-places, is laid before the Legislature in this report.

22. VIRGINIA.—*Biennial Report of the Western Lunatic Asylum of Virginia for the years 1868–1869.* Dr. FRANCIS T. STRIBLING.

At the close of last year there were 338 patients in the hospital. Admitted since, 204. Total, 542. Discharged recovered, 80. Improved, 47. Unimproved, 51. Not insane, 1. Eloped, 2. Died, 37. Total, 218. Remaining under treatment, 324.

Improvements have been made in the water supply by the erection of a reservoir, holding 100,000 gallons of water, so located that its bottom is twenty feet higher than the dome of the centre building. The water is excellent in quality, and more abundant than the demands of the institution. The provisions against danger from fire are ample, and rarely equalled in any asylum or public building.

The necessitous condition of the colored insane has again enlisted the Doctor's sympathy and attention. Copious extracts are made from his reports of 1844, 1845 and 1848, in which this subject is earnestly commended to the Legislature of the State, and some action invoked. A resolution of inquiry was passed, but no definite action taken.

A plan for a building to accommodate 60 patients has been proposed, and the requisites to be looked for in location briefly stated.

23. PENNSYLVANIA.—*Annual Report of the Insane Department of the Pennsylvania Hospital for 1869.* Dr. D. D. RICHARDSON.

At the close of last year there were 680 patients in the hospital. Admitted since, 397. Total, 1,077. Discharged recovered, 169. Improved, 86. Unimproved, 4. Not insane, 6. Died, 87. Total, 354. Remaining under treatment, 723.

The hospital is at all times overcrowded with patients, which results in injury to those treated, and calls loudly for relief. In concluding his appeal the Dr. quotes Judge Paxon's charge to the grand jury, as follows :

The Insane Department should be immediately enlarged. No considerations of cost should delay it for one moment. There is no class of poor so deserving of our sympathy and care as the Insane. They are not paupers of choice, or by their own act. They are such by the visitation of God. In this matter we are but the stewards of a higher power, and we cannot violate such trust with impunity. While we are expending our millions, and properly so, upon our parks and other schemes to adorn our city, it is not creditable to our humanity that the insane poor, who have thus been committed to our care, should lack the comforts and accommodations which their helpless condition require.

24. *Report of the Superintendent of the Boston Lunatic Asylum : 1869-70.* Dr. CLEMENT A. WALKER.

Under treatment date last report, 202. Admitted since, 75. Total, 277. Discharged recovered, 14. Improved, 8. Unimproved, 6. Died, 37. Total, 65. Remaining, 212.

In his report Dr. Walker repeats the complaint we have so often noted in other institutions, of the inadequacy of the accommodations, to the number of patients necessarily received. With room for 180 patients, there are 212 actually enjoying the benefits of the asylum. In December last, on Christmas night, a fire broke out in one of the buildings and entirely destroyed the sewing, ironing, and drying-rooms, with all their contents.

The workings of the Asylum were much obstructed during the months occupied in rebuilding. Some improvements have been made during the year. Much attention has been given to the furnishing suitable amusements for the patients—lectures, dancing and social parties, excursions on land and water—in addition to the various games in common use, served for exercise and recreation.

25. NEW YORK.—*Twenty-seventh Annual Report of the New York State Lunatic Asylum: 1869.* Dr. JOHN P. GRAY.

There were in the asylum at date of last report, 570 patients. Admitted since, 463. Total, 1,033. Of these there were discharged recovered, 156. Improved, 85. Unimproved, 117. Not insane, 8. Died, 64. Total, 430. Remaining under treatment, 603.

The analysis of the mortuary record is a valuable and interesting feature of the report, and we commend the practice of connecting the *post mortem* examinations with the history of the cases. By this arrangement a complete and intelligible account of the whole case is obtained, and rendered useful, as it is a matter of record and experience.

In his last report Dr. Gray made the announcement of the appointment by the Legislature of a special pathologist for the Asylum. In this report he speaks of the importance of pathological investigation, of the general direction to be given to labor in this field, and of the results already accomplished. This portion of the report was reprinted in the JOURNAL for April. He also states at some length many of the difficulties which embarrass hospitals for the insane, and of the causes which operate to prevent their use by many who demand treatment in such institutions. The former of these are founded in ignorance and consequent distrust,

and can be overcome only "by giving them a high character for thorough medical care of patients, and by the visitations of physicians, clergymen, public officers and other intelligent citizens, who will not only see and appreciate the operations of hospitals, but impress their beneficent work upon the public mind." The latter subject is summarized in five distinct propositions, as follows:

1st. There is much ignorance as to the nature and curability of insanity, which induces delay. It is too generally supposed to be a disease of mind instead of body, and therefore not curable.

2d. There is a natural reluctance to place friends in the care of strangers; especially at a distance, and this is quite as prevalent among the ignorant and poor as the intelligent and well-to-do.

3d. There is a wide-spread distrust of asylums. They are too generally looked upon as last resorts; by many as places of cruelty and improper confinement, where people are shut up and compelled to fret away a dreary and cheerless existence, deprived of comforts, amusements, and everything calculated to make life agreeable, and the indigent and more dependent are often slow to seek the aid of county officers, and retain their friends at home as long as possible.

4th. Distance from the asylum; this is the most potent influence in keeping persons in their homes, and the most prolific source of chronic insanity, in neglect of timely treatment. The influence of distance is admirably shown by Dr. Edward Jarvis.*

5th. Another reason is that the county officers have known the lack of hospital provision, and the importance of making the best possible use of the limited means this institution affords, and have generally endeavored to select the cases most favorable for recovery. That they should often err in making selections, is not to their discredit. They feel the difficulties of their responsible trust, and lament the sad necessities, but endeavour to make the best of imperfect and limited means, while awaiting the erection of other asylums.

A portion of the report is taken up with a history of the effort made to increase the hospital provision for the

* Influence of distance from, and nearness to an insane hospital, on its use by the people. *American Journal of Insanity*, January, 1866.

insane in the State, and which has culminated in the erection of the Hudson River and Willard asylum, and the projection of the new institution located at Buffalo. The origin of this effort to locate the several institutions in different sections of the State, that they might be available for all the insane, dates back to 1851. This history is largely made up of extracts from the reports of this institution, and shows conclusively that the managers and superintendents of the State Asylum have been the persistent advocates of hospital extension to include the care and treatment of all the insane of the State. The superintendents of the poor in the State invariably supported this course of action, and in 1855, in convention at Utica, passed unanimously the following resolutions :

Whereas, It is already conceded, and has been adopted as the policy of this State, that insanity is a disease requiring, in all its forms and stages, special means for treatment and care; therefore,

Resolved, That the State should make ample and suitable provision for its insane not in a condition to reside in private families.

Resolved, No insane person should be treated, or in any way taken care of, in any county poor or alms-house, or other receptacle provided for, and in which paupers are maintained or supported.

Resolved, That a proper classification is an indispensable element in the treatment of the insane, which can only be secured in establishments constructed with a special view to their treatment.

Resolved, Insane persons considered curable and those considered incurable should *not* be provided for in separate establishments.

They have since been indorsed by the Association of Medical Superintendents of American Institutions for the Insane.

Dr. Gray reviews in full the action of the State Medical Society and of the Legislature which led to the establishment of the present Willard asylum. The

original bill as presented to the Assembly contemplated the immediate erection of two asylums, one to be located east, and one west, of Utica. Although reported upon favorably, another was substituted to establish but one institution "for the chronic insane who are paupers;" and providing that the cost of their care should not exceed two dollars per week."

The advocates for this measure in the State of New York, were Dr. George Cook, and John B. Chapin, who are both proprietors of a private asylum.

What representations prevailed to secure this change can only be inferred from the features of the bill and the subsequent utterances of those advocating the measure of one asylum for chronic insane paupers, as against the two asylums for *all*, as then contemplated and now authorized by the Legislature. It was urged that the State should not, and could not, adopt so grand a step as the prompt and full care of all its helpless insane, by the establishment of two more asylums. One of these advocates,* in commenting subsequently upon the proposition to erect enough hospitals to take care of all insane, and then increasing them as necessity may require, remarks: "The answer to this is that no community in the world has ever done this, and are we to do this now, with the burden of a great debt resting on us? The great mass of the chronic insane have never been, and never will be, provided for in such hospitals." Another joins in this assertion as follows:

"No State, at home or abroad, has been able to place all its insane in asylums on the present plans, and none will be able to do so unless great concessions are made." (Report on provision for the chronic insane, John B. Chapin, M. D., Brigham Hall, Canandaigua, N. Y., 1868.)

The State has answered this. It has ordered two more hospitals, and it will provide more when necessary. I have held no equivocal position in this important issue, and am quite willing to meet all the responsibilities that may spring from the effort to defeat a scheme which I believed and still believe, was not conceived in wisdom, and was not in harmony with political economy, humanity, or medical science. I believe that the necessities of the insane

* Remarks on the care and treatment of the chronic insane poor, by Dr. George Cook, Canandaigua, N. Y., 1867.

required two hospitals at once, and that all should be provided for, without respect to the national or State debt, or whether any community in the world had ever before provided for all their insane or not. To take care of only "chronic insane who are paupers," might indeed tend to reduce the present burden, but it would not discharge the greater obligation which the State owes to all insane. The comprehensive and magnanimous views of the county superintendents of the poor are the only basis for the action of the State; and the State, true to itself, to progress, to humanity, and to medicine, has adopted them.

The assertion of one of these writers, that county officers "are inclined to send a few patients to the hospital, and the many to the county poor-house," under "a very general conviction in the minds of county officials, charged with the care of the insane poor, that the cost of maintenance in most of our State hospitals for the insane, as now organized, is too great," is not in accordance with my observation, and is certainly at variance with the action of the superintendents of the poor.

Dr. Chapin says, on the same point: "The administration of those laws pertaining to the care and disposition of the insane poor devolves upon uncertain county officials, who often allow their desire for economy to overbalance the humane discharge of their duty. * * A few of the insane, comparatively, are provided for in asylums; but the large proportion wear out a miserable existence in the poor-houses."

The resolutions and memorial of these county officers, already alluded to, vindicate them sufficiently. They desired, and unanimously declared, "That this relief should be commensurate with the demand." They use these words in their memorial to the Legislature, in 1856: "In the various counties of the State there are alms-houses, or, as they are more commonly called, county houses. These become alike the common receptacle of the pauper and the lunatic; they possess the means of alleviating the wants of the former, *but are powerless to heal the malady of the latter*. A single circumstance common to the two, poverty, is allowed to govern their association and disposal; and a policy is made to prevail, which your memorialists do not hesitate to declare to be *unnatural and unjust*. From the slender provision now existing for the insane, the custom has grown more frequent of sending to the asylum for treatment only those who, from their noise, violence, or destructive habits, cannot be retained in the alms-houses; while those who are quiet merely, are sent to the county houses, or such

delay exists in furnishing them the necessary care, that they gradually sink into an incurable state. This quiet state is usually a condition of dementia. Of all forms of mental disease, experience proves this to be the most unfavorable to recovery. *This system, if allowed to prevail, must result in the accumulation of incurables in the county houses.*" Again: "Your memorialists believe, the large accumulation of incurables in the county alms-houses is the direct result of the present defective lunacy provision. The increase or diminution of this class will depend upon the policy hereafter pursued. They are fully aware of the evils of the present system. It cannot be expected that 621 insane persons (the number of former self-sustaining citizens found in poor-houses in 1855,) who have been producing citizens, will find in an alms-house, with the very circumstances, perhaps, conducing to their attack, constantly about them, and amid the association of vice and degradation, that aid which their condition demands." They close this memorial as already quoted, recommending "the immediate erection of two State Lunatic hospitals, so located that they may accommodate the largest number of the insane at present unprovided for, and so relieve the undersigned of the pain of longer continuing a system fraught with injustice and inhumanity." And these are the men who are said to be "inclined to send a few patients to the hospital and the many to the county poor-house!" This measure of a special asylum for "chronic insane who are paupers," it was said, would cost less than an ordinary asylum. One of its advocates, Dr. Cook, declares, "it removes the only obstacle of appropriate provision for them, viz.: The cost of buildings, which may be reduced one-half, at least; and the cost of maintenance, which may be reduced one-half; thus making it for the pecuniary interest of the State and counties to sustain it." He only suggests, however, one class of lessened expense. "Theatres, billiard rooms, bowling alleys, gymnasiums, frescoed ceilings, and carpeted floors could well be dispensed with."

Let us for a moment see what the advocates of separate asylums for chronic insane paupers, claim as wise and economical. Dr. Willard says: "Let an institution for incurables be established. Let the incurables be colonized there from the poor-houses, and the cost of supporting them would not be greater, and probably much less than it is now." Dr. Cook says: "Build for them suitable homes. Let them have plenty of land for cultivation; at least one hundred acres for every one hundred patients. Give them a hospital building, with every convenience for the care and treat-

ment of the smaller number of paroxysmal and excited cases; and for the more quiet and industrious class, erect less expensive buildings, at suitable places upon the farm, as necessity and convenience may require." He then disclaims the necessity of amusements, and adds: "In such an organization, those accustomed to work upon the soil would find congenial and pleasant occupation. The growing of grain and roots, the raising and care of stock, the care of the dairy, the growing of fruits and flowers, the cultivation of the garden, would each form subdivisions of labor. Some of the mechanical departments of labor could also be carried on to a limited extent." During the winter months these occupations would be somewhat impeded. Amusements might then prove serviceable. Dr. Chapin would have a similar hospital building and a supplemental organization. This latter "should be in the nature of a colony, made up of detached buildings, for both sexes, having the relation of contiguity to the hospital. The colony should be composed of several buildings, which might be located with reference to the various employments incident to a large establishment, as the cultivation of fruit and the garden, the farm, the care of stock and certain mechanical operations." All this, which they would set forth as new, in the way of occupation, all well organized asylums have been doing for a quarter of a century.

Dr. Cook also remarks: Will any reflecting mind contrast such a scene of order, industry and natural life, as would be presented in such a home for the chronic insane, as I have hastily and imperfectly sketched, with their present condition in our State asylums, many of them idle, listless and weary, and tell me in which direction the finger of progress and improvement points." Dr. Chapin says: "The monotony of the life of the insane, especially that of the chronic insane, is a matter of painful experience. It is the offspring of idleness and want of occupation."

These, then, are the measures which are brought forward to meet the present and future of the insane of this State.

The Willard bill had the peculiar feature of authorizing the selection of property for the location on which the State had a lien. The State had a lien on the agricultural farm at Ovid, in Seneca county, of \$40,000. It was urged that the agricultural college building, a large structure and unoccupied, could be made at once available for chronic insane by inexpensive changes. Although a site was offered in Buffalo to the locating commission, as a gift, it paid \$37,000 for the agricultural farm, which, with the mortgage, made a total of \$77,000 for a site. This was in 1866, and yet the college building has not been refitted or occupied.

In the pamphlet already quoted from, Dr. Chapin makes this statement: "It is a well known fact, that however commendable a proposition or an institution may be, in the expenditure of public money to carry it out, a variety of new interests, personal, political and pecuniary, in no way relating to the end in view, often enter into the prosecution of it to influence and shape it. In this manner, extravagance of management and an utter failure to appreciate the intentions and plans of the founders of a great and good work, may bring about a loss of public confidence and paralyze all subsequent endeavors in the same direction for years."

The specification and the plan of the building were submitted to the Governor and signed by all the Commissioners in his presence, and on the plan, Governor Fenton made the following indorsement:

"I approve of the plan of the general hospital building, in accordance with the drawing and specifications this day adopted; and for explanation of alterations, reference is made to my approval of the amended specification of the Commissioners, this day signed and submitted. And I recommend that the central structure and one wing of the building be erected as speedily as practicable.

"Approved, ALBANY, March 10, 1866.

—“(Signed)

R. E. FENTON.”

I cannot but congratulate the people of the State on the extension of the means for the treatment of the insane. Prompt treatment, as in all other diseases, is the first and grand desideratum. Arrest the accumulation of chronic insane by immediate treatment, while the disease is most amenable to remedies. My judgment has been, and is, opposed to the creation of special establishments for the aggregation of one class of the insane in the chronic stage of the disease. Still, as the State has inaugurated the experiment, it is eminently proper to give it a trial. Its supporters have had the location of the buildings and their erection in their own hands. One of the advocates of such institutions, Dr. Chapin, has not only been one of the building commissioners of the Willard Asylum, but has succeeded to its superintendency. The charge to counties, for recent and chronic cases together, has been, since 1865, at the Utica Asylum, four dollars per week. Before that period it was three dollars per week. This charge is all that is made to the counties for the care of patients, for food, medicines and all kindred supplies; furniture of all kinds, including beds, bedding, toweling, &c.; fuel and lights; salaries and wages of all supervisors and attendants, book-keeper, clerk, chaplain, apothecary, engineer, firemen, butcher, tailor, farmer and farm laborers, herdsman, teamsters,

gardeners, those who work in the kitchens, wash-house, shops, &c.; indeed, all persons employed, except the officers, who are paid by the State. This charge also includes all amusements, or as expressed in an extract heretofore made, "theatres, billiard-rooms, bowling-alleys, gymnasiums, frescoed ceilings and carpeted floors." The secretary of the Commission of State Charities, Dr. Hoyt, in speaking of this asylum, with an intelligent and liberal regard for the welfare of the patients, says of our amusements: "They serve in a great measure to relieve the tedium of asylum life, and without doubt, are highly beneficial to the patients." The experience of superintendents of asylums will abundantly sustain Secretary Hoyt. I only regret we have not more amusements.

In a pamphlet issued by Dr. Chapin, 1868, on "Provision for the Chronic Insane," he remarks: "Not so much for the purpose of instituting a comparison as of presenting facts necessary to an intelligent understanding of this question, we give the average weekly cost of support in several asylums lying in adjacent States, taken from the last accessible reports, viz.:

| | |
|--|--------|
| State Asylum at Taunton, Mass., per week | \$3 39 |
| " " Northampton, Mass., per week..... | 3 64 |
| " " Worcester, Mass., per week.... | 3 97 |
| " " Harrisburg, Pa., " | 4 05 |
| " " Trenton, N. J., " | 4 42 |
| " " Utica, N. Y., " | 5 09" |

It will be observed that Utica is the base of the cone. This pamphlet purports to be a report of a committee of the American Medical Association. A similar report by Dr. Charles A. Lee,

| | |
|---------------------------------------|--------|
| Makes the weekly charge at Utica..... | \$5 53 |
| " " " Harrisburg | 4 38 |
| " " " Northampton..... | 4 78 |

Neither of these statements are correct as regards Utica, whatever the facts may be touching the other institutions mentioned. Public institutions can well bear the discussion of the questions of expense of the care of the dependent.

I have always believed it wise to have State asylums receive all the insane. Thus, the rich and well-to-do, will aid in the better support of the indigent and poor. Distinctions based upon the ability to pay cannot be relied upon, in this country at least, as a basis of classification of institutions for the care of the insane. In this asylum most of those admitted as indigent and pauper patients, were self-supporting until the attack of insanity. They

are a very different class of people from those we are in the habit of speaking of as paupers. The number who become insane after pauperism is few. The Superintendents of the poor investigated this question, among others, in 1855, and reported the result in their memorial to the Legislature. They found, at that date, 757 insane in the poor-houses and receptacles. Of these, they remark, "621 were self-supporting until the invasion of insanity." They also made this sad but important statement: "Twenty-nine families have become a public charge because of insanity in the head of the family." I find by practical experience, that private asylums and corporate institutions have no particular tenderness or scruple in sending away to the State asylum, patients under their charge, whose resources of support are exhausted. The sympathy for social position and distinctions, seems to vanish with the pecuniary means of the patient. We have a number here who have undergone this transfer. We should have deemed it better economy to have received them here at first. They would probably have fared as well, and their money would have lasted longer. It is far better that the well-to-do should pay a small amount above their actual expenses, to the State, to go to the increased comfort of a poor neighbor, who may have once been his richer neighbor, may be the wife or child of his clergyman, or the clergyman himself, or the school teacher of his children, than pay a large profit to a private individual, who is at best only a speculator in his misfortune. Why persons carrying on private lunatic asylums might oppose the increase of ordinary hospitals for insane, or the establishment of hospitals of a high order, and desire to see the State asylums conducted on a pauper basis, either of which would exclude paying patients and force them into private institutions, can be understood.

Dr. Brown, of the Bloomingdale Asylum, in the discussion of Dr. Cook's paper in advocacy of chronic establishments, or, to use his own words, "separate provision in an asylum of cheaper construction, and with diminished cost of maintenance," at the meeting of the Association of Medical Superintendents of American Institutions for the Insane, held in Washington, in 1867, remarked: "I have no doubt our own institution and Brigham Hall (Dr. Cook's,) would both thrive better in the next ten years, if another State hospital is not erected in our immediate neighborhood." He also said: "Dr. Cook's institution is in the western portion of the State of New York, and, as is known to the members present, is his own private property. The institution with which I am connected is at

the other end of the State, a chartered hospital, depending wholly on the income derived from patients for its support. Both institutions would be, in some measure, affected by the establishment of a State hospital in their vicinity."

I believe in the declaration of Lord Shaftesbury in the House of Commons: "Lunatics, at any rate, should not be the objects of financial speculation."

The law wisely assumes the guardianship of the insane, both of their persons and their property, during the continuance of their disease, which is one involving legal incapacity. They are not only considered as incapable of self-government, but of contracting marriage, of consenting to agreements, of managing their property, of disposing of it by sale, gift, or testament. While thus protecting them, their families, and society against the consequences of their afflicted state, it should likewise provide the most efficient means for their protection, as well as for their relief and cure in institutions over which it holds a sovereign control.

The recapitulation which I have made, has been made for the purpose of showing the uniform policy of this State, to provide equally and liberally for its afflicted citizens, poor and rich, whether casually or chronically insane. Its general purpose has been, not only to provide for all within its power and duty, but to provide for them together; with a suitable classification for mere sanitary purposes. The only exception to this uniform policy is an experimental one; the establishment of the Willard Asylum, at Ovid, which is devoted exclusively to the chronic insane. It is an experiment, which, according to the experience of other countries which have tried it, must fail; but in this instance, fortunately with no great injury; because that institution can be accommodated to the uniform policy of the State; a policy commended, not only by those having experience in our State charities, but by the unanimous approval of those distinguished medical men and experts who constitute the Association of Superintendents of Hospitals for the Insane throughout the United States.

26. *Biennial Report of the Insane Asylum of California*: 1869.
Dr. G. A. SHURTLEFF.

There were in the asylum at date of last report, 853 patients. Admitted since, 482. Total under treatment, 1,335. Of these there were discharged recovered, 225. Improved, 16. Died, 154. Eloped, 15. Total discharged, 415. Remaining under treatment, 920.

Dr. Shurtleff states that during the past twelve years of the institution there has been an annual increase of patients, averaging between sixty and seventy, and that this increase, without additional accommodations having been provided, has produced an intolerably crowded condition of the asylum.

This has been partly met by the erection during the past year, "of a cheap though comely wooden cottage block, detached from the main building, and capable of accommodating comfortably, one hundred and thirty-five patients." "It is not intended as an experimental trial of the 'family plan,' nor is it in imitation of the colony system at Gheel, in Belgium: it is an expedient resorted to at a period of urgent necessity, but it is apprehended that its continuance will be required by recurrences of similar necessities."

The question of the separation of the insane into two classes, the chronic incurables, and the recent and probably curable cases, has attracted the Dr.'s attention. On this subject he speaks clearly and forcibly, and his conclusions correspond with those of the most distinguished alienists.

He says: "But to the establishment of separate receptacles for a certain class, I can see nothing favorable on the score of economy. While on the grounds of humanity unanswerable objections present themselves." These objections we allow the Dr. to state for himself.

But the chief objection to separate establishments for the care of the chronic and supposed incurables is based upon considerations of humanity. Had I never read a word of all that has been so ably written and said upon this subject, I am sure the conviction would have been established in my mind by observation, that the natural tendency of such institutions would be to neglect and decline. There are now in the Insane Asylum of California more than two hundred patients who, mostly on account of their long seclusion and the forgetfulness of friends, are not visited by relative

or friend, and concerning whose welfare no inquiry is made. They are of the class who would be placed in separate establishments by the advocates of that policy; and such abandonment by acquaintances would become the rule in this country, I am confident, in an asylum for the chronic insane. Such separation would complete their isolation from the world. Authoritatively adjudged incurable, no improvement in their mental condition would be expected. They would evoke no visits, no vigilance, no scrutiny from without, and awaken no fear of complaint, no desire of approval, no love of applause, no professional encouragement and ambition within. Nothing but a divinely inspired management could keep an institution thus composed from degeneracy. As situated now, these patients are in daily contact, to some extent, with the outside world. They are associating with the new comers; they see visitors daily; in fact, they are mingled with and permitted more or less to participate in the advantages and indulge the expectations of the more recently arrived. Thus, the ceaseless arrival of new patients, the visits to and interest taken in them, and the departures of the cured, bring the condition of the institution to the constant notice of the public, keep its inmates in the "living present," and reanimate the chronic masses, as the ever confined waters of the lake, which would otherwise become a stagnant pool, are kept alive and fresh by the ever flowing and commingling streams which feed and drain it. It is easy to perceive how an experimental asylum for incurables may be sustained in an admirable condition, during its period of trial, by the anxious vigilance and patronizing influence of its advocates and patrons. But the prosperity is not inherent. It is under the spur of trial and opposition, and is thus receiving temporarily the external attention and the incentives to effort which institutions for the care and treatment of all classes must necessarily continue to have bestowed on them.

Again, should the policy become general, of maintaining receptacles for the incurably insane, it would, in time, have the effect to disparage the character of institutions for the insane generally, in the estimation of the less informed public. It would aid in reforming the old erroneous idea, that insane persons never recover; that they are not subjects for medical treatment, but for confinement only, and that he who has once been crazy is always to be regarded with suspicion and fear. The uninformed, untravelled masses, who might reside in the neighborhood of these receptacles, would simply re-learn the lessons of their forefathers in their view of insanity and insane asylums. It should be borne in mind that in-

sanity is but the evidence or symptom of a disordered condition of the brain and nervous system, as a cough or difficult breathing is of the lungs or respiratory system. One is as rationally the subject of medical treatment as the other, and either may or may not be curable, according to the nature and the extent of the disease of the respective organs affected.

For more than half a century, able and devoted alienists, aided by intelligent philanthropists and wise statesmen, have been zealously laboring to procure the establishment of hospitals, with all necessary appliances for the proper treatment and care of the insane, with a view both to ameliorate their condition and effect the greatest possible number of cures. They have labored assiduously to correct ignorant prejudices and abolish cruel practices. They have held out a hope which to thousands has come to fruition. It has slowly come to pass that when one places his friend in a hospital for the insane, he looks for his cure and return home; and I trust this young, advancing State will not, by an inconsiderate step, as I know it will not by a parsimonious one, turn back half a century from the light and progress of the age, by the establishment of receptacles for the life-long and hopeless confinement of a doomed class of its insane.

Much has been said, with good reason, in my judgment, against separation, on account of the depressing influence on the minds of the appreciative, who would by separation be declared incurable, and doubtless really made so by the uncharitable sentence.

Human happiness is impaired, and human misery augmented, in proportion as the inspiring sentiment of hope is extinguished in the human breast.

“Pains are lessened by the hope of cure.”

How often is the inquiry anxiously made, in our best institutions: “Doctor, will I never get well? Will I never get out of this place? When will my turn come to go?” What answer could be given to such questions—what encouragement could be offered to such inquirers—in an asylum devoted to the confinement of incurables alone?

Let it not be supposed that the insane do not appreciate their situation, nor indulge in hopes and doubts. Many are as sensitive on the subject of their recovery as a consumptive; and what would be the influence on the mind of the latter, if by law consigned to an asylum for persons afflicted with incurable pulmonary disease? What inconceivable despair and mental anguish would

be added to the pangs of physical suffering ! To the feelings of many insane persons the contemplation of their incurability would be no less poignant.

A melancholy patient of Sir Alexander Morison has most touchingly described the emotions of despair and hope which sometimes move the mind diseased :

“ There is a winter in my soul—
The winter of despair ;
Oh, when shall spring its rage control ?
When shall the snow-drop blossom there ?
Cold gleams of comfort sometimes dart
A dawn of glory on my heart,
But quickly pass away.
Thus northern lights the gloom adorn,
And give the promise of a morn
That never turns to day.”

It is sometimes supposed, by the inexperienced, that the class of patients specially considered in the foregoing remarks can, if in a separate establishment, be profitably employed, and do much towards self-support. Experience does not sustain such a view. Their labor is very useful in aiding the sane in the performance of the various kinds of work about an insane asylum, and can be made more available there than anywhere else, especially if a garden and farm be connected with the institution. But they require too much supervision ; are too liable to be wasteful, and to do bad work, or spoil their work, to make their employment profitable, when the cost of material enters much into the value of the products of labor. Furthermore, generally they cannot be relied on to work. A few are industrious, and peculiarly devoted to some chosen occupation : but these are exceptional cases. A large majority are not inclined to work, or are not in a fit mental condition to apply themselves to it ; and it is both impracticable and improper to force them to it by any system of punishment. In fact, the primary object of the labor of the insane should be their own improvement, mental and physical ; and hence they should be induced and encouraged to work by the judicious bestowal of special privileges and favors as a reward therefor.

There is also a large amount of statistical matter contained in the report.

27. PENNSYLVANIA.—*Annual Report of the State Lunatic Hospital of Pennsylvania*: 1869. Dr. JOHN CURWEN.

There were in the hospital at date of last report, 356 patients. Admitted since, 212. Total under treatment, 568. Of these there were discharged recovered, 40. Improved, 42. Unimproved, 48. Died, 28. Total, 158. Remaining under treatment, 410.

In this report Dr. Curwen reiterates the complaint now so common and almost universal among institutions for the insane, that the wards are overcrowded with patients, which seriously disturbs the proper classification, and prevents the attainment of the highest degree of efficiency in the working of the institution. The demand of the hospital is for some provision by which "the atmosphere of the wards in every part should be regularly and constantly changed." To accomplish this the doctor advocates the introduction of forced ventilation by means of fans, and estimates the probable expense of the necessary alterations and fixtures at \$50,000. Experience has well demonstrated the practicability and necessity of forced ventilation in insane hospitals. The asylum at Utica, which took the initiative in this, has been thus ventilated seventeen years. Special provision for the care of the colored insane, is also asked for, and the subject earnestly recommended to the attention of the Legislature.

28. MAINE.—*Report of the Maine Insane Hospital*: 1869. Dr. H. M. HARLOW.

There were in the asylum at date of last report, 339 patients. Admitted since, 150. Total under treatment, 489. Of these there were discharged recovered, 68. Improved, 28. Unimproved, 14. Died, 42. Total, 152. Remaining under treatment, 337.

During the year a new ward for men has been erected, which, when completed, will make accommodations in

the institution for 350 patients. There are in the State from twelve to fifteen hundred insane still unprovided for in any institution, and in this report the Doctor advocates the necessity of the immediate erection of another hospital. He favors the separation of the sexes in accordance with the plan proposed in New Jersey, and already carried out by Dr. Kirkbride, at the Pennsylvania Hospital for the Insane.

A plan has been presented and adopted for laying out the grounds in a "scientific and artistic style." The advantages of this improvement are fully stated and urged in the report.

The Doctor states one case which will illustrate the tolerance of cruelties outside an asylum, and the care furnished in the institution. We commend this case to those philanthropists who advocate "free air and family life," instead of treatment in a hospital.

One quite remarkable case, a female, whose earthly life was more than seventy years, went under the dark cloud in early womanhood. She struggled with the monster disease more than fifty years, nearly a score of which she was confined in an out-building, chained by her ankle to the floor, with little or no covering but straw upon which she rested, and without the comfort of fire in the coldest weather. For eighteen mortal years she wore the clanking chain which bound her to the floor, and was only removed when in 1857 she was committed to this institution. Here, by the benevolence and kindness of the municipal officers of the town, she was permitted to spend the evening of her life in comparative comfort and happiness, having at all times the free use of her limbs, frequently going out and in, with warm apartments, a good bed to rest upon at night and during the day when worn by disease and the infirmities of age, and a plenty of wholesome food for subsistence. Thus drifted her weary bark along the shore of time, till tired nature, weary of the struggle, let loose the imprisoned soul.

29. NEW JERSEY.—*Annual Report of the New Jersey State Lunatic Asylum*: 1869. Dr. H. A. BUTTOLPH.

There were in the asylum at date of last report, 520 patients. Admitted since, 248. Total under treatment,

768. Of these there were discharged recovered, 71. Improved, 58. Unimproved, 16. Died, 56. Total, 210. Remaining under treatment, 567.

Dr. Buttolph, in this report, presents to the Legislature a statement of the greatly overcrowded condition of the asylum, and the necessity of additional provision for the insane. There are already sixty-seven patients in the house beyond the proper capacity of the institution. He again urges the propriety of erecting a new hospital contiguous to the present structure, and restates the arguments presented in a special report made to the Legislature upon this subject. The plan then proposed is also reprinted in this report.

30. WISCONSIN.—*Annual Report of the Hospital for the Insane of the State of Wisconsin*: 1869. Dr. A. S. McDILL.

There were in the hospital at date of last report, 246 patients. Admitted since, 209. Total, 455. Of these there were discharged recovered, 51. Improved, 14. Unimproved, 13. Died, 13. Total, 91. Remaining under treatment, 364.

The report of the superintendent, besides the usual statistics, is mostly taken up with a statement in detail of the repairs and improvements made during the year. The new wards, previously erected, have been occupied. Increased facilities for warming the building, and for protection against fire, have been made. Portions of the building have been painted, and unused room utilized. Other changes and improvements have been made, which add to the comfort of the inmates, and adorn and beautify the grounds. The large number of the insane in the State, who are proper subjects for care and treatment in an institution, induce the Doctor to urge the propriety of erecting a new hospital in some other part of the State.

We trust that Wisconsin will not delay so important and necessary a measure, as many of the older States have done, until weighed down by the burden of chronic lunacy, by the neglect of treatment of acute cases.

- 31 *Second Report of the Commissioners of the Hospital for the Insane of the Northern District of Pennsylvania: Danville, December, 1869.* Dr. S. S. SCHULTZ.

This report, gives a tabulated statement of the expenditures of the year, together with the contracts made for stone, brick, and carpenter work. About \$60,000, have thus far been laid out upon the centre building, and a longitudinal and transverse section on either side.

32. *Report of the Butler Hospital for the Insane, 1869.* Dr. JOHN W. SAWYER.

There were in the hospital at date of last report, 150 patients. Admitted since, 73. Total, 223. Of them there were discharged recovered, 33. Improved, 19. Unimproved, 9. Died, 8. Total, 69. Remaining under treatment, 154.

Dr. Sawyer reports that "the history of the past year seems unusually wanting in striking incidents." The report gives the details of ordinary repairs and of improvements, tending to the amusement and pleasant occupation of patients. Among those mentioned we notice the excavation of a pond in which trout have been placed, and which in the winter months will furnish skating, a pleasing variety in the list of sports for the patients.

33. *Thirty-third Annual Report of the Vermont Asylum for the Insane, 1869.* Dr. W. H. ROCKWELL.

There were in the asylum at date of last report, 515 patients. Admitted since, 124. Total, 639. Of these

there have been discharged recovered, 49. Improved, 19. Unimproved, 16. Died, 44. Total, 128. Remaining under treatment, 511.

34. *Fifty-second Annual Report of the Superintendent of the McLean Asylum for the Insane*, 1869. Dr. JOHN E. TYLER.

There were in the asylum at date of last report, 176 patients. Admitted since, 108. Total, 284. Of these there were discharged recovered, 51. Improved, 20. Unimproved, 8. Died, 18. Insufficient trial, 3. Total, 100. Remaining under treatment, 184.

Dr. Tyler has, in this report, given a somewhat detailed account of the different modes of employment and amusement which he finds especially useful among his patients. Classes in French, drawing, and music have been well attended, and have furnished useful occupation and diversion to many of the patients. Others have advantageously spent their leisure hours in farm work, making articles to be sold at fairs, and others in knitting and sewing for the benefit of the poor in the city. As a means of treatment, especially during convalescence, the Dr. relies in great measure in thus "pre-occupying the mind of the patient with some subject, and in some way, when it is able to act in a healthy manner."

35. MINNESOTA.—*Third Annual Report of the Minnesota Hospital for the Insane*: 1869. Dr. CYRUS K. BARTLETT.

There were in the hospital at date of last report, 108 patients. Admitted since, 130. Total, 238. Of these, there were discharged recovered, 44. Improved, 14. Unimproved, 3. Died, 16. Total, 77. Remaining under treatment, 161.

Dr. Bartlett points out a defect in the law for the admission of patients to the asylum—under which, as at present framed, many improper cases are sent by

judicial authority. This he proposes to remedy by inserting a clause requiring the physician ordered to examine, to make oath before a magistrate that the person in his opinion, "*is insane, and a proper subject for hospital treatment.*" He then gives an epitome of the treatment pursued in the institution, under the heads of "medical and moral," and advocates the use of mechanical restraint, as necessary for the welfare of the patient, under proper restrictions; and makes some judicious remarks upon the causation of insanity. The building committee report satisfactory progress upon the new hospital, a portion of which is now ready for occupancy.

NEW YORK.—*Annual Report of the New York Asylum for Idiots: 1869.* Dr. H. B. WILBUR.

Number of pupils in the institution during the year, 149. Average attendance, 140. During the year 21 pupils have been dismissed, and 2 have died.

The dismissals were in most cases of pupils whose term of residence had expired. Three were removed because of sickness, and five because they proved to be unteachable. We quote:

This institution has now been in operation for more than eighteen years. Its success has met all reasonable expectations. If disappointment there has been, it has arisen mainly from two sources. The general truth of the teachableness of idiots has been established. The number of the class in reference to whom it may be said that education is practicable, may have been less than some had supposed. So, too, the degree and extent of education for the class may not have been as great as was at first predicted.

The general direction of the efforts put forth in the instruction and improvement of this unfortunate class, we give in the Dr.'s own words:

Their instruction and training demand no new principles of education. It simply applies such as are well-grounded to the peculiar conditions that idiocy presents. It finds them, as a class, as has been said, cut off from society by certain defects or infirmities of a physiological character. It seeks to diminish or remove that separation by means directed to modify or do away with those underlying peculiarities. It thus begins by attempts to restore a normal condition of the various functions. It stimulates the exercise of these functions by suitably adapted means. It opens the avenues of sensation, so that the torpid brain is brought into communication with the awakening influences of the outer world. It develops the instrumentalities of resulting action, whether simple or coördinate. It twines the feeble impulses of impaired volition into the stronger cord of a determining and out-reaching will. It sharpens the natural instruments of thought and action. It aims to remove the power of habit from the side of hindrance to that of help, in the way of individual progress. And when these first steps are accomplished, and the pupil is brought within the range of the customary educational means and appliances, it resorts to these.

Dr. Wilbur repeats the recommendation made in a former report, in regard to a separation of the two classes of idiots; viz., those who can be benefited by instruction, and those who are unteachable.

CONNECTICUT.—*Annual Report of the Connecticut School for Imbeciles*: 1869. DR. H. M. KNIGHT.

Whole number of pupils, 41. Average attendance, 38.

This institution was established in 1858, and has received at public expense from 15 to 20 pupils annually. There have been connected with it 87 pupils. Of these "about 26 per cent. have been so far lifted up, trained, taught, that they have become comparatively useful members of society." "A portion of this class can be improved in personal habits, in general deportment, in capacity for enjoyment." Another portion must always be subjects for thoughtful care. They will be custodials through life. For this last class Dr. Knight urges the erection of a special asylum. The claims of this charity,

the "latest in the circle of human charities," are candidly presented. He takes the broad ground that *all* the feeble-minded children of the State should be gathered into proper asylums or schools.

Report on the Temperature of Certain Nervous Diseases. J. W. CONKLIN, M. D., of Dayton, Ohio. Columbus, 1870.

This is a pamphlet of 24 pages, and contains an interesting statement of the value of thermometry in the diagnosis of certain lesions of the nervous system. The proposition of Brown-Sequard, that the effects of interruption of continuity of the vaso-motor nerves, (*i. e.*, their paralysis) consist essentially in a paralytic dilatation of blood vessels, which is followed by a "greater afflux of blood and an increase of temperature," is supported by several collated and original cases. The results of investigation into the changes of temperature in cases of mental disorder are also given.

These are most marked, as we might anticipate in cases of insanity where phthisis was the accompanying bodily disease.

Observation on the Use of Steam in the Treatment of Disease of the Middle Ear. By CHARLES INSLEE PARDEE. Reprinted from the Transactions of the American Ontological Society, 1870. New York.

In this the author advocates the application of moist heat to the tympanic cavity in cases of chronic aural catarrh of the variety called sclerosis. In this form of disease the lining mucous membrane and the membrana tympani are thickened, and the normal secretion of mucus is lessened or apparently absent. Tinnitus aurium is a distressing and often intractable symptom under the treatment usually adopted. The paper is illustrated by several cases in which the treatment recommended was used with encouraging success.

Syphilis of the Nervous System. By E. L. KEYES, M. D. Reprinted from the New York Medical Journal, November, 1870.

The number of cases analyzed is thirty-four. Of these fourteen were cases of hemiplegia; nine of paraplegia; four of epilepsy; two of facial paralysis; one of paralysis of biceps and deltoid, and four of intellectual derangement. We would like to give the conclusion reached by the author and stated in several succinct propositions, but our space will not admit. Iodide of Potassium is the remedy most relied upon in the treatment of syphilis of the nervous system. The dose varies from five grains to two drams, repeated four times a day.

Specialism in its Relation to Practical Medicine. By L. G. HUBBARD, M. D., Professor of Obstetrics and Diseases of Women and Children, in Yale College. New Haven, 1870. Republished from the Proceedings of the Connecticut Medical Society, 1870.

This is a manly effort, and combats successfully the foolish prejudice which exists in the minds of some practitioners against those who devote themselves to special investigation in the field of medical science. The author proves the necessity of a division of labor to insure the greatest success, as well in the medical as in other professions and pursuits of life. This shows that to laborers in special departments of medicine we owe most of the advance and discoveries which characterize the age.

Notes of a Visit to some Houses at Balfron Licensed for the Reception of a Certain Class of the Insane. By R. H. WICKHAM, Royal Edinburgh Asylum. Reprinted from the Edinburgh Medical Journal for August, 1870.

The reception of this paper recalls many pleasant incidents connected with our visit to the Royal Edinburgh Asylum, in the summer of 1868, and the kind attentions of Dr. Wickham.

The Relative Dangers of Anæsthesia by Chloroform and Ether, from Statistics of 209.893 Cases. By E. ANDREWS, A. M., M. D., Professor of the Principles of Practice of Surgery in Chicago Medical Society. Reprinted from the Chicago Medical Examiner. Chicago, 1870.

If we summarize the whole matter, it seems that the various anæsthetics have the following rates of mortality.

Sul. ether, 1 death to 23.204 administrations; chloroform, 1 death to 2.723; mixed chloroform and ether, 1 death to 5.588; bi-chloride of methylene, 1 to 7.000; nitrous oxide, no death in 75,000 administrations.

First Annual Report of the Board of Public Charities of the State of North Carolina. Raleigh, 1870.

This is the first report of the first Board of Public Charities ever created in the State of North Carolina.

In this the secretary has described somewhat in detail the poor-house and prison of each county in the State. The board labored under many difficulties, "as but little opportunity and no means were had to prosecute the purposes for which the board was created." The report is one creditable alike to the commissioners and the State. Its recommendations to the Assembly are in accordance with the most enlightened and advanced views as to the demands of the needy and unfortunate upon the charity of the State.

Annual Report of the Surgeon-General of the United States Army, 1870.

Besides the statistics always found in the report, we have the record of an entirely unprecedented amount of scientific and professional labor. Advancement in the right direction, by close and extended research and investigation, characterizes this bureau of the Government. We quote:

Three thousand and twenty-nine (3,029) photographs were printed, one hundred and six (106) wood cuts were made, one hundred and fifty-three (153) pages of the Surgical History, two hundred and seventy-two (272) pages of the Appended Documents to the Medical and Surgical History, and fifty-nine (59) histories of photographs, or abstracts of cases to accompany photographs, were printed.

The printing of the medical volume of the first part of the Medical and Surgical History of the War, is near completion. This volume embraces the statistical tables representing the sickness, mortality, and discharges from service on surgeon's certificate of disability, of *white* and *colored troops* during the war, and will be a work of nearly seven hundred and fifty (750) pages, quarto. To secure accuracy, the tables were stereotyped as they were finished, and before finally sending them to press they have been thoroughly revised throughout, and every effort made to attain accuracy. With this volume will be bound the appendix to the first part of the Medical and Surgical History of the War, containing the reports of medical directors, and other appended documents—about four hundred (400) pages.

The whole of the manuscript for the Surgical volume of the first part of the Medical and Surgical History of the War, authorized by the act of Congress, approved March 3, 1869, is now prepared, and several of the more important subjects that would belong to the second volume, as, for example, the tabular statements, discussions, histories of typical cases (with illustrative wood cuts and lithographs) of twenty-nine thousand five hundred and seventy-two (29,572) cases of amputations, and four thousand seven hundred and seventy-five (4,775) excisions, are nearly perfected.

The collections of the Army Medical Museum were augmented by the additions of one hundred and nineteen (119) specimens to the Surgical Section, seventy-three (73) to the Medical, seven hundred and sixty-six (766) to the Microscopical, one hundred and sixty-nine (169) to the Anatomical, one hundred and forty-four (144) to the Section of Comparative Anatomy, and eleven (11) to the Miscellaneous Section. The number of catalogued specimens at the date of my last annual report was twelve thousand two hundred and twenty (12,220) and is thus increased to thirteen thousand five hundred and two (13,502.) Great success has been obtained in the Microscopical Section in the direction of Photomicrography.

Report to the Surgeon-General of the United States Army on certain points connected with the histology of minute blood vessels. By Brevet Lieut.-Col. J. J. WOODWARD, Ass't. Surgeon U. S. Army. Washington, D. C., 1870.

Dr. Woodward here presents in eleven beautiful micro-photographs the results of microscopic investigation, in confirmation of the views of Conheim on inflammation.

His theory is that there exists stomata or pores in the walls of blood vessels, through which, in inflammation, the white blood disks transude and become pus-cells.

These stomata are plainly seen in the photographs, and furnish convincing proof of the correctness of Conheim's theory. Since the publication of the photographs, Dr. Woodward informs us he has, by applying a piece of inflamed tissue to the warm stage of a microscope, seen the actual transudation of the blood cell through the pores of the vessel. This is a most important discovery, and will no doubt prove but the stepping stone to future advance.

The medical profession is largely indebted to Dr. Woodward for his labor in this field, in which he is a pioneer. We look for still further valuable results to science, and trust that such encouragement will be afforded by the Government as will enable Dr. Woodward to continue his investigations. The Army Medical bureau, as at present constituted, is a credit to the medical profession, and an honor to our country.

Lunacy, its Past and its Present. By ROBERT GARDINER HILL, F. S. A., with Appendix. London, 1870.

This volume gives a history of the rise and progress of the non-restraint system of treatment as now in use in Great Britain, and especially of the part taken therein by its author: *Cujus pars magna fuit.*

Pamphlets and Reports, have been received as follows:

Sixth Annual Report of the Board of State Charities of Massachusetts; to which are added the Reports of the Secretary and General Agent of the Board. Boston, 1870.

Sixth Report of the Trustees of the City Hospital, Boston, with Reports of the Superintendent and Professional Staff, Rules of Admissions and Discharges, etc. Boston, 1870.

Special Report on Prisons and Prison Discipline, made under authority of the Board of State Charities. By the Secretary of the Board. Boston, 1870.

First Annual Report of the New York Ophthalmic and Aural Institute, 46 East Twelfth St. New York, 1870.

Fifty-first Annual Report and Documents of the New York Institution for the Instruction of the Deaf and Dumb, to the Legislature of the State of New York for the year 1869. Albany, 1870.

Seventeenth Annual Report of the Children's Aid Society, November, 1869. New York, 1869.

Minutes of the Twenty-first Annual Meeting of the American Medical Association. Philadelphia, 1870.

Report on the Proper Treatment of the Insane. By JOHN CURWEN, M. D. Harrisburg, Pa. Extracted from the Transactions of the American Medical Association. Philadelphia, 1870.

A paper on Median Lithotomy. By JAMES L. LITTLE, M. D., of New York. Extracted from the Transactions of the American Medical Association. Philadelphia, 1870.

The Physiological Laws of Human Increase. By NATHAN ALLEN, M. D., of Lowell Mass. Extracted from the Transactions of the American Medical Association. Philadelphia, 1870.

Notes on the Phenols from Coal Tar, (the so-called Carbolic Acid,) and on Rhubarb. By E. R. SQUIBB, M. D. From the Proceedings of the American Pharmaceutical Association, 1868. Revised by the author, with additions and corrections for republication in the American Journal of Pharmacy. Philadelphia, 1869.

Relaxation of Pelvic Symphyses during Pregnancy and Parturition. By FREDERICK G. SNELLING, M. D. Reprinted from the American Journal of Obstetrics and Diseases of Women and Children, February 1870. New York, 1870.

Physical Degeneracy. By NATHAN ALLEN, M. D., Lowell Mass. Reprinted from Journal of Psychological Medicine, October, 1870. New York, 1870.

The Bromides: Their Physiological Effects and Therapeutic Uses. By Z. C. McELROY, M. D., Zanesville, Ohio. Reprinted from the New York Medical Journal, July, 1870.

Valedictory Address to the Graduating Class of Jefferson Medical College. By J. AITKEN MEIGS, M. D. Prof. of the Institutes of Medicine. Philadelphia, 1870.

The Trial of John Reynolds, medico-legally considered. By M. GONZALEZ ECHEVERIA, M. D. New York, 1870.

Medical Opinion of Charles A. Lee, M. D., in the matter of Carlton Gates, deceased. New York, 1870.

Asthenopia, or Weak Sight, as read before the Medical Association of Central New York: Rochester, June 1869. By EDWARD M. CURTIS, M. D., of Oswego. Reprinted from the New York Medical Journal, April, 1870.

Report on Vaccination. By WILLIAM B. DAVIS, of Cincinnati, Ohio. Ohio State Medical Society, Cleveland, June 14, 1870.

Memorandum referring to Extracts from Letters, Reviews and Bibliographical Notices of the Publications of the Surgeon-General's Office. Washington, 1870.

AMERICAN
JOURNAL OF INSANITY,
FOR APRIL, 1871.

THE DEPENDENCE OF INSANITY ON PHYSICAL DISEASE.*

BY JOHN P. GRAY, M. D.,

Superintendent of the New York State Lunatic Asylum.

Since my connection with the Asylum, now over twenty years, I have endeavored to direct my attention and study, as far as possible, to the investigation of the causes of insanity, and the observation of the progress of the disease while under treatment. I early observed that, in those cases of which full and reliable information could be obtained, the physical cause was generally found. That some change in some part or parts of the organism preceded the earliest manifestations of mental disturbance. That in those cases, some diseased condition of the body, outside of the brain, generally preceded the cerebral symptoms and the consequent insanity. In my official report for 1863, I presented this subject, with the intention of showing, from the recorded cases in that institution the relation, numerically, where moral and physical causes had been attributed as the influence determining the insanity. I there

* Read before the Medical Society of the State of New York, at its annual meeting, February, 1871.

presented a tabulated statement embracing the assigned causation, in all cases admitted up to that date, with comments,—assigning as moral causes those acting through the emotions, sentiments, passions, affections; as physical, those producing their effects through physical impairment, diseases or injuries. In 1843, Dr. Brigham says, “with Pinel, Esquirol, and Georget, we believe that moral causes are far more operative than physical.” In his first report he assigns moral causes in 128 cases; physical causes in 93 cases; unknown and doubtful in 55 cases.

Of the moral causes 50 are attributed to religious anxiety. I then expressed my conviction that more careful observation would reveal physical causes as productive of more insanity than moral causes, and that religious excitement and anxiety had but slight influence in this direction. The annexed table embraces the analysis of causation, moral and physical, in all cases admitted up to this date.

I then expressed the following views on this subject:

Here we have a gradual and marked decrease in moral, and increase in physical causes. This is neither accident nor design. It results from experience and recorded facts. Insanity, for many centuries, was not recognized as a disease; but as a moral state, a spiritual or demoniacal possession, and influenced by the moon. Many of the older medical authorities refer to and describe demonomania as a form of mental disease. The disenthralment of the professional, as well as the public mind, on this subject, has been slow and gradual. However, we have similar ignorance and superstition in other fields of medical research.

The question of the causation of insanity, is one of the most important with which we have to deal. If insanity is immediately developed from religious anxiety, excessive application to study, or giving way to the emotions of grief or joy, from the intoxication of success or from disappointed ambition, society must be guarded and admonished in those directions, and the treatment of persons insane from these causes must be such as to meet successfully the ever present causative influence. If, however, those apparently

TABLE showing the analysis and the percentage of moral, physical and unascertained causes as recorded in the admissions for twenty-eight years.

ANALYSIS OF CAUSES.

| | 1843. | 1844. | 1845. | 1846. | 1847. | 1848. | 1849. | 1850. | 1851. | 1852. | 1853. | 1854. | 1855. | 1856. | 1857. | 1858. | 1859. | 1860. | 1861. | 1862. | 1863. | 1864. | 1865. | 1866. | 1867. | 1868. | 1869. | 1870. |
|-----------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Moral Causes,----- | 128 | 108 | 106 | 110 | 127 | 116 | 100 | 88 | 110 | 117 | 107 | 96 | 55 | 45 | 31 | 63 | 57 | 47 | 40 | 33 | 26 | 21 | 19 | 12 | | | | |
| Physical Causes,----- | 93 | 93 | 93 | 95 | 139 | 160 | 141 | 242 | 229 | 261 | 292 | 231 | 187 | 158 | 157 | 221 | 212 | 237 | 184 | 197 | 208 | 242 | 261 | 263 | 321 | 296 | 378 | 432 |
| Unascertained Causes. | 55 | 74 | 94 | 132 | 162 | 129 | 121 | 37 | 27 | 12 | 25 | 63 | 33 | 39 | 47 | 49 | 43 | 53 | 71 | 57 | 53 | 56 | 76 | 113 | 80 | 86 | 85 | 849 |

PERCENTAGE OF CAUSES.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Moral Causes,----- | 46.38 | 39.27 | 36.18 | 32.64 | 29.67 | 28.64 | 27.62 | 23.98 | 30.05 | 30. | 28.07 | 24.62 | 20. | 18.60 | 13.19 | 18.92 | 18.27 | 13.95 | 13.56 | 11.50 | 9.06 | 6.58 | 5.41 | 3.09 | | | | |
| Physical Causes,----- | 33.70 | 33.82 | 31.74 | 28.19 | 32.48 | 39.51 | 38.95 | 65.94 | 62.57 | 66.92 | 68.87 | 59.23 | 68. | 65.29 | 66.81 | 66.37 | 67.95 | 70.33 | 62.37 | 68.64 | 72.48 | 75.86 | 73.35 | 67.78 | 80.05 | 77.49 | 81.65 | 85.66 |
| Unascertained Causes. | 19.93 | 26.91 | 32.08 | 39.17 | 37.85 | 31.85 | 33.42 | 10.08 | 7.37 | 3.08 | 5.89 | 16.15 | 12. | 16.11 | 20. | 14.65 | 13.78 | 15.73 | 24.07 | 19.86 | 18.46 | 17.55 | 21.24 | 29.12 | 19.95 | 22.51 | 18.35 | 11.31 |

suffering from profound religious depression, or from the other moral causes named, are ascertained to be so affected because of certain bodily conditions, the successful means of treatment will be very different. If we find that insanity is dependent on causes which tend to depress the vital forces, and we discover these causes, we approach the question of the control of the disease and its limitation. If we find these causes, instead of subtle, moral influences, mainly physical, we advance still further toward control and limitation, as the latter are more within the power of individuals and of the profession, than the former. Think of having, within a single year, fifty persons whom you believe to be insane from religious anxiety, and those from all Christian denominations. What a store of theological knowledge the physician must possess, and what subtlety of reasoning to meet all these cases. This number was attributed to this cause the first year, twelve to excessive study, and fourteen to fright, disappointed ambition, political excitement, and jealousy.

These and kindred causes were recognized less and less as efficient influences in the production of disease, in the lifetime of Dr. Brigham, under the light of experience. The first year religious anxiety represented, in the table of causes, eighteen and 15-100 per cent., the second year nine and 81-100 per cent., the third year eight and 15-100 per cent., the fourth year five and 92-100 per cent., the fifth year seven and 22-100 per cent., and the sixth year (the last report made by Dr. Brigham,) six and 40-100 per cent. There was also equally marked diminution in other supposed moral causes, and increase in physical. Thus we perceive that more extended experience, and more careful observation of these cases, revealed the existence of disordered physical health as the efficient cause of insanity, and the religious depression, or other moral manifestations, as only exciting causes, or as incidental effects. This established, was an important advance. Rest, nutrition, medication, could then be presented, in truth, as the relief of sorrow. The decrease of religious anxiety,

as an attributed cause of insanity, has therefore not been because people have been more or less religious at one period than another, or that new religious views have in the meantime been advanced. It is simply because of the steady progress of medical knowledge, deduced from patient investigation, intelligent observation, and careful analysis of facts. Upon this point, then, what have we practically gained? These cases, thus understood, may be properly inquired into by spiritual as well as medical advisers, through their physical condition, and the sufferers themselves, especially in the earlier stages of melancholia, (the form of mental disease of which religious depression is so often an accompaniment,) will, when assured that their supreme unhappiness is but reflected from their physical depression, be more likely to understand their condition, and to appreciate and acquiesce in the necessary remedies for their restoration. Again, what an amount of anguish among friends is removed by the knowledge that this depressed state and awful sense of sin and guilt, of being forsaken of God and man, is indeed only a cloud without wind or rain—a weary, darkened spirit from weakness of the flesh—a shadow which will be dissipated on returning health, as the sun chases away the night by his coming.

The solution of cases, under this cause, is the solution of causation in melancholia in general, and of many cases, under other forms of mental disease, supposed to be dependent on moral causes, especially jealousy, suspicion, grief, excessive study, and kindred influences. I have too frequently witnessed these supposed troubles vanish under returning health to doubt on this matter. To discover, then, under such supposed moral causes, that the true source of disease lies in physical disorders, is equivalent to substituting rest, sleep, food and medi-

cation for moral reasonings and difficult and vexed theological problems, and thus to bring the case within the range of medical skill. If these means will dispel the delusion of having committed the unpardonable sin, or of being turned into beasts or demons, and relieve and remove that general sense of intolerable misery which impels so many to attempt self-destruction, as the only possible means of relief, then the physician will feel hopeful in the labor before him. We indeed think it is safe to infer that religious anxiety is rarely if ever a cause of insanity. The sublime faith of Christianity is rather a safeguard against it, and is unquestionably a support under its scourging. We do not believe that insanity is produced by this cause directly, by a profound impression made through the sentiments and emotions upon the nervous system; or indirectly by gradually undermining the general health. It will hardly be argued that depression is a phase of religious experience. As a general thing, the most wretched melancholics are members of churches, and often are the most humble and exemplary. However, a full answer in our experience is in the fact that this class of patients are gradually relieved of all depression and anxiety as health returns, and free from it on its full restoration.

Investigation and clinical observation constantly strengthen the conviction that more careful inquiry into this subject, by a more searching examination in each case on admission, and more patient and exhaustive inquiry of friends, with more thorough record and sifting of clinical facts while the patient is under treatment, would reveal, in a larger number of cases, the real operative causes inducing insanity. Such inquiry must also tend to place study and treatment on a true foundation,—that is, of disease. Unfortunately, super-

stition and ignorance long prevented calm investigation, and stamped the disease, in general estimation, and, in a large measure, in the view of medical men, as one but little amenable to treatment, and as mainly a condition demanding custody for safety. And this state of things unhappily still exists to such a degree as greatly to embarrass inquiry, and can only be dissipated by such investigations as will place insanity in the category of nervous diseases, to be studied and treated as other bodily diseases.

The history of hospitals for the insane for many years past is an invincible argument in this direction. Their transfer to the exclusive care and control of medical men; the increase of the medical staff of hospitals; the disuse of harsh and cruel means of restraint; the greater attention to medication, diet, ventilation, and all hygienic means; all indicate the subordination of custodial to medical considerations in the conduct of such establishments. *Post mortem* examinations have, in many cases, verified the assumed pathological causation, and revealed the consecutive changes in the progress of the disease and the relations of symptoms observed to these changes, in a sufficient number of cases, to justify and encourage more careful and exhaustive investigation. Besides, the advance in physiological and pathological anatomy, in the progress of medical science, offers constantly increased and more reliable means of prosecuting such inquiries. The special attention now given to the nervous system, by the most able observers, is a further inducement to push inquiry in every possible direction, but especially toward changes in the functions or organic structure of the nervous system, that can throw any light on the subject. Again, the vast number of insane, and the possible fact of increase of the disease beyond the ratio of the increase of

population, makes it all the more important and imperative that no opportunity should be neglected which promises the least light or relief.

Two years ago I recommended the appointment of a special pathologist, that such investigations might be made as are demanded by the progress of medical science. The managers of the asylum responded to this recommendation, and the results were so satisfactory, that I felt fully justified in asking that the appointment should be made a permanent addition to the medical staff. The facts and reasons for this were contained in my last annual report. Before it was transmitted to the Legislature, the portion relating to pathological work was submitted to His Excellency, Governor Hoffman, who, in his annual message, made the following recommendation :

“In connection with the subject of insanity, I respectfully suggest that you will give favorable consideration to the application which will be made on behalf of the State Asylum at Utica, for authority to appoint a special pathologist for the duty of making such investigations as seem to be now demanded by medical science. The reasons for this will be fully stated in the report of the superintendent of that institution, which will be transmitted to the Legislature.”

A bill was passed by the Legislature authorizing the appointment of a pathologist, and Dr. E. R. Hun, who had filled the place for a year, was appointed. The course I suggested last year was to embrace—

“*First.* Examination of secretions in all stages of the disease.”

“*Second.* The pulse under the sphygmograph to determine its force and character, and whether any, and if so, what co-incident relations its various phases may bear to physical states and psychological manifestations.”

“*Third.* The pulse under the sphygmograph to show the influence of medicines on the circulation.”

"*Fourth.* Examination with the ophthalmoscope to ascertain the relations of morbid changes in the optic nerve, vessels, &c., of the eye, to pathologic conditions of the brain and its membranes."

"*Fifth.* The skin, its temperature, color, elasticity, sensibility, &c., in the several forms and stages of the disease."

"*Sixth.* *Post mortem* appearances, generally, and microscopically."

"*Seventh.* Photographic representations of morbid conditions and specimens."

The experience of another year has given no cause to change that course of investigation.

While experience shows that the morbid conditions of organs and tissues more frequently act on the brain than the converse, and thus disease of special organs, and general ill health from lowered vitality, precede and become the cause of the morbid state of the brain, ultimating in insanity; still there are cases where the general ill health and the insanity are due to an over-worked brain, or the anxiety and prolonged tension and sleeplessness which are often the result of grief and pecuniary losses. Even here, however, the cause is physical, because insanity comes on only as a result of defective nutrition in the tissues, those of the brain included; the sleeplessness and deprivation of rest acting powerfully, not only against appetite and the simple ingestion of food, but also by wearying the nerve-tissues, and preventing ultimate cell nutrition. Thus some persons fail suddenly and rapidly, and die unexpectedly. We say these die of exhaustion. But they are not always emaciated, and thus exhausted. The brain gives way, fails in vital energy, and death ensues. Here the morbid action is not in the nature of shock,—of sudden arrest of heart-action by a sudden and powerful impression on the brain,—but of tension and wearing effort, steadily and powerfully depressing the vital energy.

We see constantly the influence of mental exercise

and occupation on the health and growth of the brain. We recognize here the physiological law, that due exercise of an organ promotes its development and power. We recognize also a limit to this occupation, beyond which it is injurious. A child can not profitably, or consistently with health, occupy the brain beyond a certain number of hours without rest. If mental work is pushed too far in children, growth may be arrested and cerebral development also. A development in bodily size may proceed, but the structure may be delicate. It is unquestionably true, also, that many bright children, under attempts at over-education, exhaust the vital energy, and recuperative growth in brain-tissue is lowered, while the animal functions are carried on well. The boy develops a strong, well-proportioned body, but is dull. Many parents and teachers are thus disappointed. This law, which runs through growth, applies equally to maturity; however, with this difference, that in maturity excesses bear fruit always in disease. And it may be truly said that, as a rule, the brain is the last part of the organism to yield to disease, even under its own overwork and excesses. Says Dr. Gull, "the flatulent dyspepsia of the student, the tears of the distressed, the dry mouth of the anxious, and the jaundice of fright, daily remind us how far the cerebral influence extends."

In insanity, therefore, we have the dominating organ always deranged in function if not further. Whatever the cause may be, physical or mental, or whether the brain is primarily or secondarily affected, the condition in insanity is cerebral disease. Disease is what we have to deal with. Not disease of mind, for the mind, the spiritual principle, the immortal being, can not be the subject of disease. The manifestations of the mind are disturbed and disordered when the brain, which is

its organ, suffers. How mind and body exist here together in harmony in health, is quite as inexplicable as their disturbed relations in disease. Inquiry may never be able to solve the mystery of the relation between thought and the physical organism. "This our faculties are incompetent either to decide or to discover, but this short-coming of man's intelligence affects neither his duties nor his hopes, neither his fears nor his aspirations." [*Rolleston.*]

The expression "disease of mind" should have a place in the nomenclature of modern medical science with witchcraft and demonomania. They are alike the offspring of metaphysical speculation, alike misinterpretations of phenomena. Plato and Hippocrates, in their day, respectively represented the metaphysical and medical aspects of this disorder of the brain. Plato considered insanity, on the whole, a blessing. "A sufficiently clear proof that the Deity assigned prophetic power to *human madness* is found in the fact that no one in his right senses has any concern with divinely inspired and true prophecy, which takes place only when the reasoning power is fettered by sleep, or alienated by disease or by enthusiasm." [*Timæus.*] Again: "The greatest blessings we have spring from madness, when granted by divine bounty. For the prophetess at Delphi, and the priestesses of Dodona have, when mad, done many and noble services for Greece, both privately and publicly; but in their sober senses little or nothing." Says Hippocrates: "Men ought to know, that from nothing else but thence [the brain] come joys, despondency and lamentations. And by this, in an especial manner, we acquire wisdom and knowledge, and see and hear and know what are foul and what are fair, what are bad and what are good, what are sweet and what are unsavory; some we discriminate by habit,

and some we perceive by their utility. By this we distinguish objects of relish and disrelish, according to the seasons; and the same things do not always please us. And by the same organ we become mad and delirious, and fears and terrors assail us, some by night and some by day; and dreams and untimely wanderings, and cares that are not suitable, and ignorance of present circumstances, desuetude and unskillfulness. *All these things we endure from the brain when it is not healthy.*"

To the philosopher or metaphysician, insanity is what they may choose to make it. To one of the sublime faith of Plato, who referred all the phenomena of nature which he could not interpret to a divine power, it is not strange that insanity should seem to be from the gods. Others, from another stand-point, have considered it also supernatural, but have assigned the phenomena to the influence of devils. To Hippocrates, who was a patient, earnest physician, who, with wondrous success, studied morbid phenomena, insanity was from an "unhealthy" brain. To others, again, to whom faith is not given to believe more than they can see and understand, or who do not choose to believe more, mind and all mental phenomena are mere physical results: mental manifestations of whatever order, hopes, fears, joys, sorrows, immortal longings, deep affections, are, like hunger and thirst and pain, but expressions of a physical organization; the restless mind of man, instead of being all we believe of it, an immortal spirit manifesting itself in this life and in this body, preparing for a life to come, and using the brain as an organ or instrument for its purposes, is a mere secretion of the brain, depending on its existence, and sickening and dying with it. Are we to account for anger, rage, jealousy, grief, and all the violent manifestations of the passions, as physiological states or disturbances of

“brain secretions?” In physiology, causes and results must bear a uniform relation; and we should have for so much grief so many tears, for so much provocation so much anger, and the like. Instead of having varied manifestations in the same individual, as well as in different individuals, from the same causes, the manifestations should be uniform. Cabanis, who wrote nearly a century ago, expressed the materialistic theory thus:

“To obtain a true idea of the operations by which thought is eliminated, the brain must be considered as a particular organ, especially designed for its production; even as the stomach and intestines for carrying on digestion, the liver for secreting the bile, the parotid and maxillary and sublingual glands for the preparation of the salivary secretions.

“Impressions, on reaching the brain, stimulate it into activity; as aliments, being introduced into the stomach, excite it to a more abundant secretion of the gastric juices, and to those movements which favor their proper assimilation. The natural function of the one is to receive every individual impression, to attach to it certain indices, to combine the different impressions, to compare them among themselves, to draw from them certain judgments and determinations; as the function of the other is to act upon nutritive substances, whose presence stimulates it, to dissolve them, and to assimilate their juices to our nature.

“If it be said that the organic movements by which the functions of the brain are executed are unknown to us, it may be replied that the action by which the nerves of the stomach determine the different operations constituting digestion, the manner in which they impregnate the gastric juices with the most active dissolving power, do not disclose themselves more to our researches! We see the aliments pass into the viscus, with new qualities, and we conclude that it has really caused them to undergo this alteration. We equally see impressions arise to the brain through the medium of the nerves; they are then isolated and without coherence. The viscus enters into action; it acts upon them, and soon it evolves them transformed into ideas, of which the language of physiognomy and of gesture, or the signs of speech or writing, are the outward manifestations. We conclude with the same certainty that the brain in some manner digests the impressions; that it produces organically the secretion of thought.

This, then, fully resolves the difficulty raised by those who, regarding sensation as a passive faculty, do not understand how the acts of judging, reasoning, imagining, should be nothing else but perceiving. This difficulty vanishes, when we recognize, in all these different operations, only the action of the brain upon the impressions which are transmitted to it.

“But if, moreover, we observe that the movement, of which every action of the organs presupposes the existence, is in the animal economy only a modification,—a transformation,—of sensation, we shall see that we are excused from making any changes in the doctrine of the modern analysts, and that all the physiological or moral phenomena are always brought back, in the last result, to the faculty of sensation.” [Cabanis, *Rapports du Physique et du Moral de l'homme*, vol. i, p., 124.]

Recently Dr. W. A. Hammond, of New York, in a work on “*Sleep, and its Derangements*,” has reasserted this old theory, and expresses his views of mind in the following language :

“Writers who contend for the doctrine of constant mental activity, regard the brain as the organ or tool of the mind; a structure which the mind makes use of in order to manifest itself. Such a theory is certain to lead them into difficulties, and is contrary to all the teaching of physiology. The full discussion of this question would be out of place here; I will, therefore, only state that this work is written from the stand-point of regarding the mind as nothing more than the result of cerebral action. Just as a good liver secretes good bile, a good candle gives good light, and good coal a good fire, so does a good brain give a good mind. When the brain is quiescent there is no mind.”

It will thus be seen that the introduction of materialistic theories, even into the domain of psychology, is nothing new. Neither is Cabanis the only French writer who has pushed Locke's theory of sensation to its ultimate results of materialism and atheism. But it would be a thing much to be deprecated, that the generous and catholic spirit of modern scientific investigation should be narrowed and hindered by an attempt to revive the exploded vagaries of the French material-

ism of the encyclopedists and the Revolution. The best writers of the present day, however, if they refuse to bend the conclusions of science in the interests of religion, on the other hand will much less consent to commit science to a purely conjectural theory, which militates against moral order and social welfare no less than against the common sense of mankind.

We do not look at mind from the stand-point of regarding it "as nothing more than the result of cerebral action," and therefore as a material substance, a mere secretion liable to disease and death. We regard the brain as the organ of the mind, and we cannot perceive that such a theory conflicts with physiology or is contrary to its teachings. If the mind is a material substance, a secretion of the brain, as bile is a secretion of the liver, then the sublime faith of the Christian religion is of little consequence to man, and they who work for the advancement of medical science truly labor in vain. If, however, this body is what Revelation declares it to be, the temple of the mind or spirit in which it dwells, awaiting a life to come, and what science shows it to be, a living organism, *under definite laws*, then it is worth our care, as the dwelling-place of an immortal being.

Says Dr. Acland, in an address at Oxford, before the Medical Association of Great Britain and Ireland, when taking the chair as President,—“The physician sees in the body of man the material structure by which alone the known operations of the mind of man are possible in this world, the organs by which alone he can work his earthly work, whether it be the work which he shares in common with the beasts of the field, or the work through which he can enter into conscious relation to his unapproachable Creator: the frame by which, while bound down in an earthly charnel-house, he lifts

his eyes and strains his heart with yearnings ineffable towards a higher nature, and obeys the upward-tending impulses of affections strong unto death, affections so pure and so divine as to lose in the love of others even the consciousness of self."

We do not believe that mental phenomena can be accounted for by physiology, much less that the teachings of physiology necessitate or even lead to materialism.

Professor Rolleston, who stands in the foremost rank of teachers in Physiology, uses this emphatic language: "The Physiologist as such has nothing to do with the data of psychology, which do not admit of being weighed or measured, nor of having their force expressed in inches or ounces." Psychical manifestations, mental phenomena, he declares to be "facts in just as true a sense as any which scalpel or callipers, which weights or measures, can disclose;" and holds "that our higher and diviner life is not a mere result of the abundance of our (brain) convolutions." And again: "I believe, however, that, if men would take as much and the same care in these psychological questions as the physiologist does in his experiments and observations, to overlook none of the conditions and circumstances of the entire complex of phenomena upon which they undertake to decide, they would come to see that alone, and often behind, but always beside and even beyond the whirl of his emotions and the smoothly fitting and rapidly playing machinery of his ratiocinative and other mental faculties, there stands for each man a single undecomposable something—to wit, himself. This something lives in his consciousness, moves in his will, and knows that for the employment and working of the entire apparatus of feelings and reasonings, it is individually and indivisibly responsible. Its utterances have

but a still small voice, and the turmoil and noise of its own machinery may, even while working healthily, entirely mask and overwhelm them. But if we withdraw ourselves from time to time out of the smoke and tarnish of the furnace, we can hear plainly enough that, howsoever the engine may have come together, and with its present being, the *engineer*, at all events, is no result of any process of accretion and agglomeration. Science, business, and pleasure are but correlations of the machinery in its different applications and activities; *we* are something beside all this, manifesting ourselves to others in the decisions of our *will*, and manifesting ourselves to ourselves in our aspirations and consciousness of 'responsibilities.'

Says Mr. Herbert Spencer: "It may be safely affirmed that physiology, which is an interpretation of the physical processes which go on in organisms in terms known to natural science, ceases to be physiology when it imports into its interpretations any psychical factor, a factor which no physical research whatever can disclose or identify, or get the remotest glimpse of."

Prof. Lionel S. Beale says: "Every one will admit that the nerve-tissue of the brain is the instrument through which alone thinking power works and mind acts." He subsequently thus disposes of the materialistic theory of mind:

"Some have looked upon brain as a sort of gland by which thoughts and ideas are formed or secreted, as if thought, which can neither be touched, weighed, measured, or in any way physically estimated, was a thing allied to the bile, the saliva, or the gastric juice, which are material substances, and can be analyzed and otherwise experimentally studied. It would not be more unreasonable to maintain design or will to be a part of the material framework of the organism, than to assert that mind, like certain kinds of matter, is secreted. Thought is no more material than that peculiar capacity which makes living matter of a certain kind

at length become oak, cabbage, dog, man, etc. Nay, it is further removed from the material, for while this property or power influences the very particles of matter, and makes them take up certain fixed and definite positions, thought only produces a sort of evanescent vibration, which results in the expression of ideas which are themselves as immaterial as the thought itself.

“Mental energy has been regarded as the *function* of the brain, but if it be so, it is a *function* of a very different order to that discharged by other organs. *Function* implies an act in which will, purpose, design, are not concerned, and in which material changes can be proved to take place. The function of a gland is to produce a secretion. Certain conditions necessitate the production of this or that particular secretion, which may vary to some extent, according as the conditions are changed. The function of a muscle is to contract and become relaxed, but the material change only occurs in definite directions, necessitated by the structure of the instrument and the force which acts upon it. The exercise of choice is neither possible nor conceivable. So, too, with reference to the function of nerves. These transmit currents. The paths which the currents are to traverse having been determined and formed, the currents are developed and transmitted along the nerves.

“But the *function* of the organ of the mind is an operation very different from any of these. Its great characteristic is choice—selective capacity. If the cells of the liver chose for themselves whether they would secrete bile or not, or determined the kind of bile to be secreted, or the bile chose for itself by which ducts it should pass, whether it should flow quickly, slowly, or not at all; if the muscle contracted now in one part and now in another, according as it willed—if it elected to contract in one direction, and then in a different one; if the nerve cells decided among themselves which should produce current and which not; if the current chose to run along one fibre at one time and then along another, according to the object it had in view—then, but only then, as it seems to me, could mental activity be regarded as in any way analogous to the function of an organ or of a tissue. To look upon mental action as a mere function of the brain is a fundamental error, and unpardonable in those who have really studied the structure and action of secreting organs and nerve organs.

“Mental activity may rather be compared to that marvellous power, property or force, which enables the liver cell to *form* what we call bile, which renders possible that change in shape of the

ultimate particles of muscle which gives rise to contraction, and determines the change in the ultimate molecules of nerve matter upon which the current depends; but this power is not the function; it is that which alone renders function possible. But even this comparison is not a true one, for the power above referred to acts as if it were of some necessity, while the remarkable characteristic of mental action is freedom of choice. Certain conditions given, the liver cell *must* form bile, the muscle *must* contract, the nerve cell *must* give rise to, and the nerve fibre *must* transmit, the current; but is it conceivable that under certain conditions actual or supposed, the brain *must* think? Is what I am now writing but the result of the distribution of a little extra proportion of certain nutrient constituents and oxygen to my nerve cells, which thereby compels me to say all these things? Have I no choice?—*must* I say all this, and in the precise way in which it is here said? All these things would surely have been said in a far better and more perfect manner if the ideas had been formed like a secretion by a gland, independently of experience and without any efforts of my own. All our glands perform their work perfectly when their formation is complete. They require no teaching, and they work without effort. There is nothing in the action of a gland which at all corresponds to the improvement in capacity resulting from exercise, which is so remarkable in the case of cerebral nervous action. The general tissues and organs at least of those persons who have reached or passed middle age, performed their functions some years ago as well as, and I fear in some respects even better than they do now. Will has exerted, and can exert, no direct influence. But it is very different in regard to the organ of the mind and the tissues concerned in intellectual action. Every one knows that the degree of perfection which that has attained, or will attain, is determined in great measure by his own efforts—by his own will. The thinking instrument of one individual is not capable of being perfected in the same degree as that of another, but it is quite certain that each may be improved and made to work more perfectly, if its possessor determines that this shall be; nay, I think I may say, if he will not interfere actively to prevent its improvement; for the natural tendency of the mind is to exercise itself, and, in doing so, the instrument, which it directs, necessarily improves. As the mechanism becomes more perfect, the pleasure afforded by its working becomes greater, and to real desire and sustained effort on the part of the mind soon succeeds improvement in the structure of the healthy instrument by which the attainment of the end desired is rendered possible.” [*Med. Times and Gazette.*]

Dr. Thomas Hun, in an article in the *AMERICAN JOURNAL OF INSANITY*, in 1846, on the "*Relations of Physiology to Psychology*," says: "Some have denied the existence of mind, and have made thought an attribute of the substance of matter. These are the materialists. Others have made matter only a mode of manifestation of mind. These are spiritualists. While a third class have endeavored to find a third term which should include both matter and mind." These classes have been denominated Somatists, Psychists, and Somato-Psychists. Under either theory of investigation, Dr. Hun, at that early day declared it impracticable to advance in psychology, and experience has verified this, as shown by the declarations of Rolleston, Spencer, and Beale. "We have to study," says Dr. Hun, "not the nature of the two substances, nor the nature of their relations, but this relation itself as it manifests itself to the senses and to consciousness. The great questions for us to answer are these: what nerve movements correspond to given mental acts? what is the mechanism of these movements? and how are the mental acts affected by changes in the nervous matter in the rest of the body? Physiology is a science of facts cognizable to the five senses, and uses the same modes of investigation as the other physical sciences. Psychology is the science of mind. It is founded on facts of consciousness which are not cognizable to the senses. It embraces all the mental operations, which are very different from changes in nervous matter, and hence psychology is not merely a chapter of physiology, but a separate and independent science."

To sum up this whole subject, there are to be observed two prominent and vitally important points, which, to our mind, demonstrate the utter falsity and even im-

practicability of the materialistic theory of mind. One is *spontaneity*; the other, *responsibility*. The idea or notion of spontaneity we know to be a reality of our own consciousness, as patent and demonstrable as any fact of science, and yet, to use the precise and clear-cut scientific language of Herbert Spencer, it is impossible to make this spontaneity a "factor" in any mere natural or physical process whatever. Our very conception of the material altogether forbids it. Even in that last step where physical science approaches nearest the domain of metaphysics, the attempt to arrive at some definition of Force itself, the idea of spontaneity is by no means begun to be reached, or in any way involved. When it comes to that, it comes to God himself, whatever man may choose to name Him, "Jehovah, Jove, or Lord."

The other point, which is the notion of moral responsibility, is one remove further even than spontaneity, from all conception of the material and therefore much less reducible to any physical or material process. It would be as easy to deny *in toto* intellectual phenomena as to deny the reality of our idea of moral responsibility; but the notion of responsibility itself is a direct contradiction of the idea which arises out of such a thing as physiological secretion, or any other mere process of nature governed by definite and unchangeable laws. It would be impossible to connect the two, or in Herbert Spencer's phrase, to make them coördinate "factors" in any intelligible result whatever. Whatever the animus of such a position may be, the result must be the getting rid of the idea of moral responsibility altogether. Science of this kind, instead of being a blessing to the world, would contribute only to anarchy and moral disorder, even if it did not utterly destroy the self-respect of any one who should profess himself proficient in it.

Science needs neither doubt nor skepticism as a condition for her advancement. Her aim is to discover and read the laws and processes of nature herself, imprinted by the Creator, and she works, to use the language of Bacon, "Keeping the eye steadily fixed upon the facts of nature, and so seeing their images simply as they are." We believe that physiological science will so advance that every process in the complex phenomena of physical life, in health and disease, shall be read and revealed and understood.

The true and only method by which insanity can be studied is that followed in all other diseases. The physical lesions are the subjects of primary importance. These must be studied through physiology and pathology. The mental manifestations are here secondary and dependent. "Organs and tissues," says Dr. Gull, "have each their own life, and correlative with it, their own tendencies to disease, and their specific power and mode of repair," and "the purpose of our study is to trace these tendencies to their source on the one hand, and to their effects on the other."

We say that insanity is a bodily disorder; that it is a disease of the brain. This does not imply that there is something to be thrown off, in the character of some morbid entity. It simply means that certain changes have taken place in the brain, or its investing membranes, which imply a departure from healthy physiological action, and that in consequence of these changes there is more or less prolonged disturbance of the mind. The physician recognizes the delirium of fever, and refers its origin to the brain. The convulsions of infancy and childhood, from the presence of worms in the intestines, or indigestible materials in the stomach, or the process of teething, he refers to the brain. In the former, he may refer the remote cause to some poison; but the immediate cause is a tissue-change. If this

change is gone through with within certain limits, he looks for recovery ; if not, under further tissue-change, the patient sinks and dies. The remote or predisposing cause of the latter he calls morbid irritation. If the stomach and bowels are emptied of the offending matters, and the irritation of teething relieved before tissue-changes follow the convulsions, recovery will take place. In other words, if the constitutional disturbance of the nervous system, in the one case, from poison, and the local disturbance of the nervous system in the other, from irritation, may be relieved before certain organic changes occur, recovery takes place ; if not, partial recovery, or death, results.

If the carotid arteries are pressed upon by a tumor, or the circulation of the brain interfered with by aneurism, we have what is denominated a hyperæmic state of the brain ; not a determination of blood to the brain, but the blood detained by the vessels dilated. Clinical study and physiology have taught us to anticipate the resulting consequences of such a state. The physician is not surprised to find insanity follow ; but this is the exceptional result. He is quite as likely to find failure of the general health, from feeble action of the heart, due to the condition of the brain. Again we have an anæmic or bloodless condition of the brain from copious hemorrhage after childbirth, or from other causes, and general enfeeblement results, or convulsions, delirium, or insanity may follow. Can we, by careful clinical observation, ever be able to determine why one should result, instead of the other ? or why we may have in such a case—convulsions, then delirium, and afterwards insanity ? Can we hope to answer these questions, without the aid of pathological investigations, made *post mortem* ? We may be satisfied to reply that convulsion follows hemorrhage, under the physiological law that

muscular spasm supervenes upon sudden and copious loss of blood, because muscular irritability is thus increased, and that the pathological state is one of depressed vital energy, and here we have a clue to treatment. Delirium following convulsion, or following the hemorrhage without convulsion, we may also explain under physiological and pathological laws.

Now should we stop inquiry here, when insanity results? Can we admit that insanity is anything more or less than a pathological condition, or that it lies beyond the boundaries of ordinary and legitimate medical study, and beyond the range of clinical observation or pathological investigation? Will not the patient study which elucidates one be likely to elucidate the other? But in the latter the mind is affected? So is it in delirium. So is it, in a degree, in its operations, in all diseases, when the brain is in any way involved. So is it, when the brain is under the influence of alcohol, or certain drugs. In all abnormal conditions of the brain, however induced, we have a degree of disturbance in mental operations. At a certain stage of intoxication, there is consciousness of the fact, and full control and direction of mental operations; at another stage, the brain, the instrument or organ of the mind, as we believe, is so overwhelmed that it cannot be used. We recognize in all these conditions simply physical disturbance, either physiological or pathological. A proper regard for the teachings of physiology does not require that, in the last condition mentioned, when the brain is "quiescent," we must conclude that "there is no mind." On the other hand, it will not be argued, that, in these conditions of mental disturbance, there can be either a physiological or pathological state of *mind* itself! We do not *treat* these mental phenomena; but we regard them simply as exponents of phys-

ical states. We hold that it is not necessary, in order to establish the physical origin and nature of insanity, or other cerebral diseases, to show that every case is of such origin and nature. If, in a single case, insanity is shown to come on as the result of well-recognized bodily disease, and the mental disturbance disappears *pari passu* with the physical restoration, the argument is invincible. We do not treat the mental phenomena which appear, as indices of the cerebral disorder; but we point out to the patient his changed mental condition, and endeavor to show him that his delirious conceptions are delusions, and result from the morbid condition of his brain; and that with restoration to health these delusions and misconceptions will vanish. Many may be convinced of this; and though the delusions do not disappear with this conviction, yet persons may, and often do, so far keep constantly in mind their true condition, and exercise such control as largely promotes their recovery. The mind, by this effort, uses the brain; and, by the exercise of its legitimate dominating power, moderates its action in some directions, and increases it in others. The mind "exercises choice," and controls itself, and by limiting and modifying its use of its organ, the brain, aids in the restoration of that organ. In many instances people recognize the approach of insanity in themselves,—not simply from vague and unusual sensations as pains in the head, sleeplessness, etc.,—but recognize a marked change in their way of thinking, feeling, and acting; a change which not only does not commend itself to their judgment, but is also against and repugnant to their wishes and desires. Under such states of mind persons come to the asylum for advice; and since my connection with it, a number have come thus alone, and insisted on admission. I have mentioned some of these cases in my reports. In one instance, the person made

application himself to the county judge, obtained an order for his admission, and brought it himself. Another case was that of a woman who came from a distant part of the State, and informed me that she had left home in the night, without the knowledge of her family, because they did not believe she was insane, and would not assent to her coming to the asylum: asked me to telegraph her arrival to her family, and write and explain to them her case. She then stated to me how delusions developed while she was watching over an invalid mother; that she recognized the delusions, as such, but as she failed in health was unable to do so at all times, and therefore felt she must be getting insane. She remained, and after a time passed into a state of acute mania, and, when apparently recovering, committed suicide.

Another case was that of a young girl. She for some time observed in herself periods of mental depression and exaltation: after a time strong suicidal suggestions came during the periods of depression, and during those of exaltation, an idea that she was destined for some great work in the church. She thought she might be insane. Her health, never robust, was gradually failing. She left home in the night to drown herself in the canal, but on reaching it she was quite chilled, the night being cool. She then thought her changed condition might possibly after all be insanity, and not the despair of a lost soul. She therefore resolved to come to the asylum, and state her case, and then, if she were insane, try and get well; and if not considered insane, end an existence which to her seemed only an injury to the world. She first stated her case, and when told she was insane, related the circumstances above, which were verified. She actually walked into the water. She remained in the asylum, passed

into deeper melancholia, and then became demented, and finally recovered. Both these women were feeble and anæmic, the blood lessened in quantity, and depreciated in quality.

I could present, from my recorded experience, a number of such illustrations, showing the appreciation of insanity and the dominating power of mind. In the wards of the asylum this is a daily experience. Patients not only recognize that they are insane, but make every effort at control; and many take food and exercise,—to both of which they feel the extremest repugnance,—simply as a duty, and stimulated by the hope of recovery *held* out to them, and which hope they only faintly grasp. While writing I am interrupted by the admission of two cases, a man and woman. The friends and physician of the man represent the case as a recent one, dating but a few weeks back to some eccentric conduct; and declare the case as somewhat remarkable, because they can find no cause for the insanity. Yet a careful examination shows that the man has been steadily breaking down in general health for two years. That he is generally anæmic, and has cerebral anæmia to such a degree that his pupils are not only enormously dilated, but scarcely contract at all under the influence of light. He has hallucinations of sight and hearing, from this condition. He moves about the office like a man half dreaming: admits he is sick, but does not see why he should be called crazy. When asked how he reconciles certain conduct with sanity, says he never was guilty of it. When all the circumstances are related to him, he replies, “I have some recollection of that, but I do not know why I did it.” He has great muscular langour, has passed the period of cerebral excitement, and is dementing.

The woman denies her insanity. Says she is a great

magnetic healer; has received the baptism of the Holy Ghost, and unction from God; that her mind has been illuminated so that she understands science, because it is revealed to her; that she will let the world know this change, and intends to speak in Mechanics' Hall, in Utica, and show what true religion is, and what magnetic healing is. She admits she has not been well for months, and has suffered from intense headaches; but claims she is now well, better than she has been for years. She is incoherent in conversation, exalted in her ideas, disdainful in manner, indignant at being called insane, threatens the consequences of confining such a person as she is. Her muscles are tense. She moves about the office with great muscular firmness, and spasmodically closes her hands and compresses her lips. She is anæmic, almost colorless. Her pupils are greatly dilated; her gums and tongue are pale. Although she is indignant, angry, her emotions wrought up to a high point, and she is on the verge of maniacal raving, she does not change color. This woman's whole appearance, conduct, and manner of speech, are in direct contrast with her character in health. The anæmic state of the brain is the cause of the insanity. The muscular system is in a state of abnormal activity, "a neuropathology from the brain to the tissues." This patient has good appetite and digestion, and says she is free from all pains or uncomfortable sensations. Has this woman disease, as that term is ordinarily used and understood in medicine, or is the brain, in the language of materialism, "secreting force"* of abnormal quality? We say, the mental phenomena are due to the anæmic condition of the brain. This woman has a large active brain, and it dominates over the whole organism, in its

*The mind of man may be defined as a force developed by nervous action.—*Journal of Psychological Medicine*, July, 1870.

present state. While she is really in a state of debility, the brain exercises power over the voluntary muscles quite as fully in this state of irritation, with a pulse under 80, as it would in the vascular activity of fever delirium, with a pulse over 100. However, the cause to be truly assigned in these cases, is the generally depressed health, inducing the anæmic state of the brain, and nervous system. Both these cases are brought to the asylum as soon as the insanity is recognized, as both are surrounded by intelligent friends, and have conscientious physicians. The former of these cases might have been treated at home, if his physician had received the same degree of instruction in regard to insanity that he did in regard to apoplexy, paralysis, and other disorders of the brain and nervous system. In contrast with this prompt action in securing treatment, is the unfortunate delay in the vast majority of cases until the period of recovery is past. Such fatal delay has characterized more than half of the 480 admitted to the State asylum this year. Many of those received have not only suffered from delay, but from injudicious, though well-intended treatment. Cases of melancholia from over-work, and the gradual failure of the tissues from age, and the consequent lowered vital energy, have been bled, blistered, setoned, and purged. Old ulcers, which nature had kindly healed for years, re-opened afresh,—all under the vague general idea of counter-irritation, and this when irritation from deficient and impoverished blood was a persistent pathologic state. In one case,—a feeble, old, melancholic woman,—“a mercurial, alterative course,” was added, producing salivation.

Without raising the question as to how far we have advanced in the recognition of the physical symptoms of insanity; or how far we are able to diagnosticate

the disease by physical signs; or how far we should be able to verify a state of mind, claimed as insanity, by the physical indications present; or how far we should be required, in examining criminal cases, in testing possible or probable feigning, to adduce physical signs in evidence; we may truly say, that only through pathology can we hope to advance in diagnosis. It is not necessary, for success in this direction, that we should attempt the study of the manner in which the spiritual being is associated with the animal existence, or to define the mysterious mutual relation and influences between them. It is sufficient that we should study the morbid or disordered states of body which are competent to induce such changes in the brain as cause that altered or delusional mental state denominated insanity;—and the physical signs which indicate the existence and progress of such brain-changes.

It may be safely assumed that experience has given us some fundamental starting points:—

1st. Disease of any part of the organism may be the pathologic cause of insanity.

2d. In such cases insanity is not manifested until the brain is actually involved.

3d. Disease of the brain or its membranes may be the primary, exciting cause of insanity, and other parts of the organism subsequently become affected.

4th. Insanity more frequently has its primary origin in pathologic states outside the brain, than in primary diseases of the brain.

5th. There are physical symptoms and signs of brain diseases, which experience has enabled us to recognize as pathognostic of certain brain-changes; by knowledge of which we are able to anticipate and understand the progress of cerebral diseases.

While we may admit that, in a given morbid condi-

tion of the brain and system generally, the treatment would be the same whether the brain or other parts of the organism were first affected, it is nevertheless of the highest importance to study and discover not only the relations of symptoms and morbid conditions, but the relations as to priority and sequence, for thus alone can we construct a true pathology, and thus alone establish an intelligent system of preventive treatment. If we can know the sequence of symptoms and conditions, we can anticipate and avert, arrest or modify the ultimate result of pathologic processes. If we can, by large clinical observation, determine what disordered states of the system are most likely to act on the brain, we gain an important point. It is for us to inquire, therefore,

1st. Whether there are specific changes in the brain in insanity, and if so, whether there are any means of ascertaining positively or proximately what those changes are?

2d. Are there physical signs and symptoms indicating the presence and progress of such changes, which may be detected and relied upon, and what these are?

3d. Are there *post mortem* appearances in the brains of those who die insane, which would justify the assumption that morbid cerebral changes were the potential and only ultimate causation of insanity?

4th. Are there any sound reasons for an assumption that the mind can overthrow itself, independent of cerebral changes?

5th. Do the secretions of the skin, kidneys, &c., throw any light upon the morbid condition of the brain in insanity, either regarding its pathologic state, its nutrition, or action?

The important questions in each case are: What are the lesions? What is the physical diagnosis? The

gravity of the case is by no means measured by the intensity of the mental manifestations. It constantly happens that, associated with trifling changes, there is great mental disturbance, and but little with more serious lesions. What are denominated mental symptoms have a subordinate place in diagnosis as well as in treatment. The mental manifestations, indeed, have the same relation to diagnosis and treatment that mental phenomena hold in delirium tremens, fevers, and diseases of children. They are symptoms, but only significant of conditions of the nervous system, which *conditions* are to be treated. In all the disorders of the brain, we mark carefully what symptoms or groups of symptoms given cases manifest; and by this clinical observation, and by a knowledge of physiological laws, and by *post mortem* examinations, we learn to interpret the morbid changes going on within the skull. There are no reasons why insanity should prove an exception to this rule. Until within a few years, diseases of the spinal cord were obscure, and the differential diagnosis anything but certain. But the recent investigations of Bernard, Brown-Sequard, Kussmaul, Van der Kolk, Romberg, Radcliff, Virchow, Bouchard and other neuro-pathologists have solved many of the greatest difficulties, and promise the most thorough elucidation of all. Among the most important practical considerations, overlooked in insanity, is the fact that organic changes in the brain are likely to occur very soon after the first morbid functional action is set up. To the lack of recognition of this fact must be attributed the vast multitude of chronic cases. Any bodily condition which disturbs the mind is too important to be overlooked or ignored. Prolonged wakefulness,—though it may not apparently disturb the mind,—indicates a condition of the brain which is not natural, and which should be

inquired into. When this is associated with depression, groundless apprehensions, suspicions, and uneasiness, the case is one of grave import, and should command medical attention. Such a condition is significant of physical disturbance, and foreshadows insanity.

THE DISEASES OF THE MIND AND SIMILAR AFFECTIONS IN THEIR RELATIONS TO CRIMINAL LAW.*

BY LUDWIG MEYER,
Professor in Gottingen.

A desire of the Minister of the Interior in reference to the North German code of criminal law, expressed to me towards the end of 1869, gave the occasion for the following remarks concerning, I, the treatment of lunacy and idiocy in criminal law; II, the lessened responsibility; III, full responsibility in its dependence on a certain age. To justify their publication at the present time, and in this place, I shall be sincere, and not ascribe it simply to my wish to procure for my views an introduction into the circles of the law, and before the decisive sitting of the Parliament. My constant endeavor will be, wherever an opportunity may offer, to protect the insane; twice unfortunate through their collision with the law, and from the undeserved ignominy of a condemnation and its consequences, certainly hard beyond description. But nobody will be astonished if I place my doubts before the readers of this

* Translated for the JOURNAL OF INSANITY, from the "*Archiv für Psychiatrie*," &c., Vol. II. part 2, article xxii. xxiii. by THEODORE MUNDEMANN.

journal, as it were, an *oratio pro domo*. I believe my colleagues will agree with me in the opinion, that forensic transactions concerning lunatics are not exactly the thing we like. To be present for many days at transactions whose human interest is exhausted in as many hours, and whose advantage for medical science is mostly naught, this alone is no small torture. To this there is added the feeling of uncertainty, the apprehension of appearing ridiculous, when the public attorney and the defence cast their dialectical nets for the expert, who frequently has little oratorical skill. But the situation becomes a real calamity, if for one reason or another, (for this a title is sufficient, the prefix of nobility before the name of the accused, etc.,) public opinion, so-called, has been roused. Then the expert is quoted for the purpose only to afford certain influential parties a plausible pretext for their efforts to evade justice. The daily press produces expert critics by the dozen; every word of the physician has to run the gauntlet, and he may rejoice if nothing worse is said or printed of him, than the old nonsense: "The physician considers every criminal (as the case may be every human being) insane, and certain species of diseases of the mind have been invented just for forensic ends."

The doings of Grosse and other forensic writers who denied the foundations of criminal law in general, called forth a mistrust against medical observations of the insane, and this has found its expression in the very defective legislation about responsibility, and exercises still in our days an undue pressure on the activity of experts, so-called. A prize might be offered for a single criminal case, where a real culprit has escaped punishment under the cover of insanity, whilst every larger penitentiary shelters many prisoners perfectly insane, who were already in that condition at the time of their

condemnation. It is a melancholy fact that insanity very often predisposes to violent deeds, especially when the sexual department is in question. Dr. Guy, physician of an English penitentiary, has recently proved before the London Statistical Society, and according to judicial statistics, that amongst seven men accused of murder, or similar heavy crimes, one has been found insane. Truly a revolting fact, which the society of the present day must meet in some way. If this be done by hanging every insane person guilty of murder, who knew he killed, as an English judge recommends, or, if to this method, radical as it undoubtedly is, another one will be preferred which first tries to study the sources of these dark instincts, and to combat the condition in which they take rise—this question has been already decided by the present state of culture, in spite of conflicting views. We are inclined to think that the medical endeavors, to explain certain beastly enormities as the symptoms of a diseased brain, offer also the comforting point of view, that our civilization renders man not only wiser, but better too; and it is certainly not necessary to denounce such efforts as attempts against the safety of the commonwealth.

I. Physicians of experience, and judges acquainted with the working of criminal law, will have no doubts about the insufficiency of the terms "insanity and idiocy," for the conditions of irresponsibility, and how their indefiniteness alone, employed as they have been at various times and in various senses by different authorities, has in some manner repaired this fault. The rescript of the Minister of Justice justly points out that the well-known definitions of the general law in reference to insanity and idiocy do not accord with the views of section 40 of the criminal code, much less when compared with the observations of medical science. The dif-

erence has indeed become such, that the abnormal conditions of the mind classified as insanity, according to general law, belong rather to idiocy, whilst idiocy, by the agreement of all authorities almost without exception, comprehends the direct conditions of debility of the thinking faculty, so that an idiot in this sense must at least be deprived of reason, the highest faculty of the mind.

More modern criminal legislators have tried to avoid those defects of the Prussian law, defects stated frequently and even to excess, by enlarging the class of conditions leading to irresponsibility, and by introducing a nomenclature more in accordance with the modern views of psychiatric science, but in my opinion with no more success, than to extend the paragraph in question beyond necessity, and to render it complicated in its working. The Thuringian code, introduced in Anhalt in 1864, admits, besides a general affection of the mind, a partial one, through which the use of reason is said to be entirely destroyed. (§ 62, 1.) Without considering the evident *contradictio in adjecto*, since from the existence of a partial affection of the mind, if anything, the partial destruction only of the use of its powers of reason, of the understanding, or whatever else you may call it, can be deduced, this untenable distinction (for the indivisible unity of the soul is as much an axiom of philosophy as of medical experience,) offers a dangerous temptation to the expert, to bring forth the false theory of partial insanity, or monomania, in every criminal case, and this entirely at his own option. The same paragraph, under the heading of "2, Conditions of perfect unconsciousness consequent upon sickness," remits the punishment here. The physician will give less weight to the misunderstanding, made possible through this addition, viz.: that complete unconsciousness is not

at the same time complete privation of reason; but there seems to be just ground for the supposition, that the legislator does not consider diseases of the mind in general as really morbid conditions. The very explicit paragraph 86, of the criminal code of the Kingdom of Saxony, shows the evident desire to take into account, by its distinctions (*a, b, c,*) the scientific views of modern psychiatry. Thus it has entirely our approval, that (under *a,*) the attention of experts and judges is directed especially to the conditions of enfeebled intellect, so frequently occurring in questions of the law; the critic will no more be inclined to call it a superfluous repetition, if (under *b,*) after the general debility of the powers of the mind, the article specially mentions mental debility consequent on retarded development. For experience teaches, how frequently the diagnosis of certain phases of native mental debility is wrong, and in nearly all cases offers the greatest difficulties to forensic decision. Then (under *c,*) follows a definition, which, like the article considered above of the Thuringian code, places together unconsciousness and the disease of the mind, and accepts the destroyed use of reason "in a peculiar direction;" consequently its application suffers from the same contradictions and ambiguities. The efforts to procure for the fact of irresponsibility, as taken by the judge, a foundation of experience through an explicit enumeration of morbid mental affections, have evidently only enhanced the forensic difficulties.

Clearly the task of law-giving cannot be, to fix every single form of morbid change, whose existence is to forbid the punishment of the case. The medical expert has to show, in every single case, how the several symptoms, without being forced, take the form of a disease, whose existence the physician's experience must refer

to certain morbid facts. The more distinctly these relations have been defined, in the progress of medical science in general, the more trustworthy the judgment of the expert will be in a given case. As the criminal legislator cannot be expected to follow the changes in this department, so also the medical expert has the right and the duty to decline explanations not belonging to his province—medical observation and experience. The question of responsibility itself can never be a matter of medical science. As soon as the legislature has acknowledged a destruction, or even only an alteration of responsibility, through a morbid change, the judge must employ the medical expert in order to prove such a change. As everywhere, thus here also, the proof only of a certain disease is required, the judge's decision as to the proof having been given, remains free; but he has not the right to prescribe to the expert the way in which he has to furnish the proof. This I deem the only admissible manner of a medical opinion concerning irresponsibility, and it corresponds perfectly with the views of legal authorities in reference to the duties of experts.

In the codes of law, extraordinary weight is given to having the opinion of experts confined to that department in which, by their occupation and position in life, they have been able to gather more certain knowledge and more profound experience than the judge or any other layman can possibly have acquired. In the same way the judicial authorities demand the assistance of the physician, to ascertain and consider *post mortem* examinations, wounds and maladies of all kinds. But when insanity is under consideration, the law is not satisfied with procuring the proof of the morbid change in question, according to the most profound medical observation and the most refined science. The rules of

nearly every code rather require the physician, first, to found his diagnostic efforts on formulas of one-side invention which do not correspond with the most superficial medical observation; secondly, to abandon entirely the method of his calling, and to give his vote about the power of free agency, of discerning right from wrong, the use of reason, etc.

The definitions of the criminal law concerning irresponsibility are based, even in its latest expressions, on views of the latter part of the past and the beginning of this century; views which not many years ago were still ruling in the doctrine of mental diseases as well founded theories. The lack of observations rendered it almost impossible, to set forth a system of maladies built on the solid base of medical experience. Psychiatry really consisted of a dissected and unscientific system of cases, whilst the spirit of the times and even the practical want demanded a methodical arrangement of the single parts, and a fixed theory established in this department. The diseases of the mind were looked at as peculiar developments, sharply divided from other somatic maladies so-called, such as error and guilt, and taking their rise from some kind of faulty direction, exaggeration or even abuse of the powers of the mind and intellect. (Leuret, in France; Heinroth, Langermann, Ideler, and others, in Germany.) These views, without claiming a purely theoretical value, gained great practical significance as well in the treatment of the insane as in the courts of law. Although the notion discussed fifty years ago, to join a psychologist with the physician in the administration of asylums, has not been followed up, still the treatment of the insane during the first forty years of this century was entirely dependent on disciplinary and pedagogic principles. When psychiatry took in such essential elements of

penal law, it seemed natural to search for a common base for the two provinces, apparently so nearly related. If insanity had been claimed as a species of crime, nothing was easier than to see a lunatic in every criminal. At first, men were satisfied from the views of medical science to place in doubt the right of condemning to death; but soon the foundation of the whole criminal law, the idea of responsibility and of punishment, was made the subject of bitter criticism. The reaction of medical science against the forced and unfamiliar principles broke forth in every direction, and in the most violent manner. The same physicians who until then had kept a jealous guard to keep their province unencroached upon, did not hesitate to attack the other faculties with energy. "Responsibility," such are the words of a forensic author of note of those times, "responsibility is an unphilosophical, inhuman, sinfully arrogant idea, which has crept into theology, into the law, into forensic medicine, and finally been raised to the throne, where it is reserved like a false deity, and consumes its victims by thousands, like a Moloch." (Groos' *Disquisitions on the moral and organic conditions of Idiocy and Vice*. Heidelberg, 1826: p. 73.) Although these attacks on the foundation of the criminal law show their character sufficiently even by their exaggerated expression, still men thoroughly opposed to these views, men full of moderation and ethical weight, like Ideler, considered a change of the character of punishment in accordance with the experiences of science as a desirable aim, both of criminal law and of psychiatry. Prisons ought to become psychic hospitals. "But when both (the prisons and the asylums) founded on the same principles, with the leading spirit of pity towards minds misguided by passions, are nearly related and may mutually benefit one another in certain cases,

then we need no longer split hairs and weigh atoms, in order to decide with Solomon's wisdom, if an individual whose true worth is known to God alone, since He has reserved it to Himself to discern the hearts, be a criminal or a lunatic." (Ideler, Manual of Psychiatry. Berlin, 1838: vol. ii, page 34; also in the introduction to the translation of Marc's diseases of the mind in their relation to the law, etc.) With these views judge and physician took the same ground concerning responsibility, and the just consequence was, to place both on an equal footing in their practical operations. To the man of psychiatric science a higher position in the courts was to be assigned than to any other medical expert: his opinion was to be the decisive one for the judge, and for the fate of the accused. How serious these pretensions were, is proved by numerous medical opinions, thoroughly ridiculous in their arrogance, where metaphysical questions of the use of reason, free will, etc., have been treated as if they were the common possession of every mind of common sense, so-called. The German society of physicians for the insane, considered it even necessary in their theses for medical jurisprudence to add a separate one, stating that the physician is *never* a member of the court for the decision of a case in law, (v. their report. Hildesheim, 1865.)

It appeared to me necessary to demonstrate, how the lack of sufficient observations in the province of psychiatry has given birth to a theory, which, in its extreme consequences, placed the medical part of psychiatry in question, moreover brought forward views, in the forensic consideration of insanity, conflicting seriously with the position of the judge, and with legal feelings in general. The facts given above afford us an easy comprehension of the decisive manner in which the gentlemen of the legal profession tried to repel the uncalled-

for entering of physicians into their department, and they also explain the doubts raised against the competency of physicians in general. Kant already had started the notion, that the decision of legal questions about the moral and intellectual status of a man belonged to the philosophical faculty; and though the opinion of the great philosopher was effectually refuted by Metzger and Hofbauer, it was certainly not an accident, that just in 1805, in the city of Hamburg, then under the influence of the rationalist school of theology, the director of the high school, Gurlitt, was called upon by the courts to give his opinion about the condition of the Lic. Theol. Rüsau, who being of a pietistical turn of mind, but doubtless insane, had killed his whole family, a wife with four children. In spite of an opinion delivered by the two state physicians, both insisting on the insanity of the accused, Gurlitt defined the deed as a murder caused by wild religious fanaticism, and Rüsau was broken on the wheel. The effort of Kant was renewed in a legal point of view, in 1828, by a French lawyer, Elias Regnault, and with such acumen, that the most noted physicians of France took the occasion for explicit disquisitions. The diseases of the mind were said to be disturbances of the intellect, of thinking, and the healthy mind sufficient to decide such a variation; psychical symptoms need not be taken into consideration, since the physicians themselves did not attach great weight to them. Therefore the judge is perfectly able to form an opinion about the mental state of an accused, without consulting a physician, being moreover by the requirements of his office more experienced in the observation of moral and intellectual peculiarities. (*Du degré de compétence des médecins dans les questions judiciaires relatives aux aliénations mentales.* Paris, 1828.)

It is well known that neither Kant's authority nor Regnault's sharp attack, could break down the ancient decisions about the physician's competency in judging of abnormal psychical conditions of the accused; but the tenor of the laws everywhere shows the mistrust of the method prescribed to the physician by his science, become natural to him as it were in his observation and deductions, and betrayed the evident effort to keep the medical demonstration in all its parts subject to the control of the judge. The regulations of the common law for the Prussian States, direct the judge, whenever signs of insanity or idiocy are indicated, to make inquiries into the mental condition of the accused together with the physician. (Criminal regulation of December 11th, 1805; § 280.) The codes themselves name as conditions of irresponsibility only those phases considered most recognizable and extreme, which permit even the layman to make a reliable diagnosis, such as mania, delirium, idiocy. The great defects of such a proceeding have been touched upon already. But it is deserving of mention, that the enormity of these defects, the impossibility acknowledged by jurists and by physicians, to employ the forms given in a forensic way with some fitness, has finally through a silent agreement of the legal authorities and the physicians, led to a confinement of those definitions, so as to make no use of them, or only to such an extent as to satisfy the forms of the law. In my professional opinions delivered before the Courts of several German States, (Prussia, Hanover, Bavaria, Hamburg, etc.,) I have intentionally never employed the definitions demanded by the law for the diagnostic result.

Thus the Prussian code had rendered it not very hard to balance the drawbacks of an arbitrary and unscientific nomenclature, by the pliancy and varying sig-

nificance of the definition chosen by the law. If other codes, like those of Saxony and Thuringia, without mention of peculiar forms of mental disturbances, recognize the malady of the mind in general as a condition in which "the deed cannot be accounted a crime," still the advantage of the more definite conception is again made illusory by demanding the proof, that the malady of the mind in question destroys "entirely" the use of reason and of free will; for with this demand the law commits itself to an irreconcilable contradiction against an undoubted fact, not denied by any authority. Every disease of the mind places the person affected in a condition, where all the psychical transactions in sensation, in ideas, and in desires, appear as it were altered by a strange power forcing the mind. There exists no definition embracing the essential pathological forms of mental maladies, but we shall be perfectly justified, if we call insanity in its reaction on the foundation of mental life, personality, a state of bondage under pathological conditions. To judge this affection, the physician is satisfied with a series of symptoms, which his experience has taught him to consider characteristic of insanity in their mutual relation, in their connexion, without his being able to give a sharp definition of the number and meaning of symptoms. But the law takes insanity, or rather irresponsibility dependent on it, as being proved only when a certain psychical operation seems evidently disturbed; when the result or the manner of thinking is entirely abnormal, or to express it in a psychiatric sense, when lively illusions or hallucinations are indicated, and the condition is one of complete confusion. The accused therefore will suffer the penalty of the law, if his thoughts do not differ from the common run, if he talks with tolerable coherence, if he knows his way of action to be criminal and deserving

of punishment. Yet it is a fact to be proved even by laymen, that many of the inmates of our asylums, when subjected to the same ordeal, would be perfectly responsible persons within the meaning of the law. Nay, without speaking paradoxically, one might assert, that the insane appear the more responsible in a legal sense, the less they are so in reality. The more striking symptoms of psychical disturbance, the expression of affected condition in bearing and motion, abrupt and incoherent thoughts, peculiar notions, lively hallucinations, occur in the first stages of insanity, especially in cases of melancholia. The recollection of these patients is still filled by the feelings, ideas and occupations of healthy life, which now are in violent opposition to morbid psychical irritation, and the still powerful intellect makes really destructive efforts to balance this opposition, to preserve the unity of consciousness. Therefore, it has not been without good reason that those violent symptoms which laymen take to be evidences of a total ruin of intellect, have been connected by physicians with the struggle of the healthy mind against the morbid emotions of the soul, forced upon it as by a strange power, and thus pointed out as proofs for the existence of a strong intellectual reaction. In most cases it is not difficult, by applying various remedies, to effect a short cessation of the external morbid symptom, and to demonstrate, as it were, by experiment, the uninjured intellect. If the morbid psychical irritation is not removed, if the melancholia is not cured, nearly every case ends sooner or later in a breaking down of the intellect; the patient has become an idiot, viz., the psychical power by whose possession he might be called a thinking and acting personality, has been lost by morbid influences, and lost for ever. At the same time the symptoms of affection have ceased;

with more tranquillity the patient shows more coherence in his conversation and general conduct. But his ideas are not the product of thinking, his actions not the effect of free will: they are reproductions from his former healthy life, at times mixed up with delusions and hallucinations, equally produced the *caput mortuum* of the preceding melancholia. Far more than in other provinces of the nervous system, there reigns in the psychical division the law of practice and habit, by which things often repeated in thought or volition are often manifested to the outer world, without a new development of the original mental emotion. This mechanism of the life of the soul, without which even the healthy mental activity would soon be exhausted, frequently causes a wonderful completeness of its effects in the insane, after a complete ruin of the reproducing power itself. The loss of the latter, the impossibility of mental creation, seems even to bring out more fully the mechanism. A philologist was able to repeat the rules of all the grammars used by him in his former lessons, and this with stereotype accuracy; but he was unable to employ this knowledge for regular instruction. A polytechnist reproduced exact drawings of machines formerly copied, repeated the most difficult mathematical problems with great readiness; but it was found an entirely hopeless effort to develop this skill by the smallest step, or to make a free use of it in a practical way. In the asylum, at Göttingen, we have had for two years a pupil of the second class of the gymnasium at Cassel, who without having touched a book meanwhile, rehearses without error many pages from the works of classical antiquity and of German and French authors; who gives the description of plants, of the hearing apparatus, of the eye, etc., always in the same words. The patient to all appearance would pass

a good examination for the second class. These examples will place it beyond doubt, that in the same manner the tenets of the Christian catechism, the whole doctrine of morals and ethics, in short all possible views and axioms, may be found with the insane in their accustomed connection, like an ancient coinage. The insane are often very shy of producing the wrong impressions gained during the acute stages of their malady; with others real hallucinations have not been acquired at all, and thus the contents of their ideas appear correct even in the most searching conversation. The slower the development of the mental diseases, the smaller the collision with a formerly healthy and powerful intellect, the less as a rule do the utterances of the insane vary from the normal state. If a strongly developed psychical mechanism has existed in an idiot from his youth, then the whole life is learned as it were by heart. These feeble-minded persons, when in the primary schools, do not essentially differ from other children in their progress; go through the gymnasia and other higher institutions; in single appropriate cases even reach the universities and occasionally pass the State examinations.

In this place especially it would lead me too far, if I should enter upon a consideration of all psychical facts, which, besides those mentioned, cause the ideas uttered in the various forms of insanity to appear normal in their contents and wording. The examples given from my own experience are eminently adapted to place beyond doubt the entire inadmissibility of the dialectical method prescribed by law for the inquiry into psychical conditions; for as I have already stated, it too frequently ends in this result, that the worst phases, the higher degrees of the same pathological symptoms do not obtain any forensic observation, whilst in their

first relatively innocent developments they are readily acknowledged as conditions of irresponsibility. The consequences of such a proceeding are as injurious to the interests of humanity, as full of danger for the general principles of justice. No long explanation is wanted to show, how prison life must develop its hardest features exactly towards the insane. The morbid instincts are considered as malignity, the inability to observe the rules of the prison as laziness or even obstinacy. The inefficiency of all penalties open to prison discipline, privation of food, solitary confinement, castigation, partial and general chaining, often lead to the late conviction, that the person subject to the penalty is not a proper object for punishment at all. The inspection of prisons by expert physicians has revealed the unexpected fact, that the inmates of prisons who have been insane already at the time of the deed called criminal, reach a considerable number. A French physician has shown two per cent. of the prisoners at Marseilles and Toulon to be insane persons, condemned contrary to justice. I add from my own experience, that out of many insane convicts received into the asylums at Schwetz, Hamburg, Gottingen, the insane ward of the Charité, at Berlin, during my professional connexion with these institutions, not one had become insane during his confinement; the greater number were insane before the beginning of their punishment, at the time of judicial proceedings.

Since the State in prosecuting the criminal asserts an ethical principle existing in the conscience of all, consequently also of the criminal himself, it will be impossible not to regard the punishment of those insane persons as a flagrant violation of the same ethical principle. For the fact of the punishment being inapplicable to the subject, indicates that those moral presuppositions of liability to punishment, are really wanting.

In presence of these truths, which have their daily examples in prisons and asylums, it is not the result of a severe feeling of justice, but a frightful consequence of an empty formalism of the law, if the State-attorneys, in trials by jury, particularly state that the insane person is liable to the law, whenever he knows "what he has done," and "is able to discern right from wrong." Quite recently an English judge of the Supreme Court sentenced an avowedly insane person to imprisonment for life, with the observation that "the law stated insanity as a condition of irresponsibility then only, when at the time of the deed, the deed or its criminality could not be recognized." It has repeatedly come under my observation, that German public attorneys directed the attention of jurors with great solemnity to this point, "that the accused, according to the views of psychiatry (*i. e.*, the conviction of real experts,) might be insane, but by the definitions of the law not irresponsible." Is it really the meaning of the law, that the insane must be punished, though they be insane? Then thousands of the insane are deprived of their liberty contrary to justice—for the reception into an asylum required only the proof of insanity, and neither the authorities who assign the patient to the asylum, nor the physicians who receive him for treatment and safe keeping, give the smallest weight to the question if he be deprived of "free volition," of "the use of reason," of "the ability to discern right from wrong."

The diseases of the mind are natural phenomena, and are developed on the same ground, under the same laws with all other maladies. Legislators have to recognize these matters of fact without any reservation; it is impossible to measure them as by a scale according to legal formulæ, for both are incommensurable quantities. The efforts of legislators to turn and twist around this,

have only led to violations of the law itself and of humanity too. This dilemma allows no other escape, than by ranging the maladies of the mind with the conditions, (such as self-defence; etc.,) which exclude the free volition of the criminal party.

This definition would agree both with the sense of the law and with the experiences of modern psychiatry. For, just as it cannot be the intention of the law to make the idea of irresponsibility solely dependent on a series of mental symptoms, thus it is likewise the generally approved result of psychiatric experience, that every lunatic lacks free volition; that therefore another will must step in to watch the interests of the insane in treatment, supervision, and the management of his worldly affairs. A fixed regulation of the proceeding for experts would be not the least advantage of such a conception of the legal definition of irresponsibility. For there cannot be a matter of doubt on the question, what the physician must prove, and how the judge must consider the proof when given. The actual medical experience gained by personal observation and its earnest application would be alone of any value, and to make Platner's words my own: "*Ergo nihil agunt, qui iudices his omnibus metaphysicorum difficultatibus student implicare.*" (*E. Platneri quaestiones med. for. p. 133.*)

II. As no definite boundary can be drawn between sickness and health, as everywhere the germs of the abnormal may be shown in the normal, thus also in the development of insanity, the fixed period cannot be stated, where the psychical symptoms had ceased to remain within the mean latitude of normal mental life. It will also be scarcely subject to contradiction, that, together with the complete cessation of free volition by insanity, any other degrees of impaired volition by

analogous pathological conditions may occur, and that "the degree of responsibility must again be decided by the degree of freedom in the agent." (Common Law, Part I, Tit. I, §14 and §25.) But however simple and self-evident these questions may appear in theory, their practical application meets with great difficulties, and their legal expression is almost an unsurmountable task. For medical consideration the greatest importance belongs to the pathological affections from which insanity is most frequently developed—affections treated in psychiatric handbooks as leanings, dispositions for insanity. Here are often found those multifarious lighter psychical irregularities; a class which, according to the observer's views, he will call capricious in humor, original, strange in their conduct, unaccountable in their resolutions. Of this order are first some nervous maladies, easily recognizable in their symptomatology, hypochondria, hysteria, epilepsy—but also every possible affection of the brain, even any sickness strongly implicating the nervous system directly or in its consequences;—finally, great weight must be given to family and hereditary descent, even if none of the pathological conditions enumerated can be proved individually. What diagnosis must the physician give, and how can he define the degree of psychical alteration with a certain exactness? Mostly there is only an opportunity for conjectures about "a certain unusual psychical irritability," "a defect of psychical power of resistance," and the like. But even were it possible, which it is not at present, to define more distinctly the pathological symptom and its influence on the activity of the soul, from the legal side certainly the objection will be raised, that with all this, only one factor of responsibility is given, whose importance may by its relations to the deed, be altered in a manner not to be foreseen. It

will be called into question, whether morbid physical influences be proper in every case to strengthen the temptation, or to weaken the consideration. But if psychopathology once should gain such importance, if the same should be brought forth everywhere in the execution of the criminal deed, then the hair-splitting weighing of the guilt will be said to have lost all practical significance, then it would be preferable to recognize complete insanity, and consequently perfect irresponsibility. For the clear prominence of objective points within the deed, is generally decisive for the character of responsibility. Its degree is not only lessened by a greater number of purely subjective points: it increases also with the importance of the crime, which must have a fixed measure of punishment, to be changed under no circumstances. Else there would be reason to fear, that the punishment itself would lose its essential character.

It would be a serious misunderstanding, if, on account of these considerations, every significance within the criminal law should be denied to a limited responsibility. For neither the existence of those pathological dispositions, nor their influence upon the execution of criminal actions can possibly be a subject of doubt. If my own observation, certainly insufficient for such difficult social questions, that in the families of insane persons, the not insane members frequently get into trouble with the laws, could permit a conclusion, then I should little doubt, that a hereditary disposition to insanity is strongly demonstrated in prisons. Certainly the statement of Dr. Delbrück, physician of the penal institution at Halle, that out of 800 inmates of the prison, 40, *i. e.*, 5 per cent., are more or less insane, is well deserving of a hearing, (*Gen. Journal of Psychiatry*, p. 456,) so as to lead to statistical inquiries on a larger scale concerning these proportions, equally im-

portant for criminal law and psychiatry, to be made by the authorities in charge of the prisons.

But, however such investigations may enhance the importance of these conditions for the criminal law, the legislators will have to be satisfied, if they direct the attention of the judge to the same in general, as reasons for employing the lower terms of punishment. For the judge, limited responsibility has entirely the significance of the palliating circumstances, so-called, which might, without constraint, be regarded, to a large extent, as limitations of free volition. Criminal law, as far as known to me, has recognized the identity of both categories only in the laws relating to infanticide. At least in the Brunswick law, which fixes the same low degree of punishment for the murder of the legitimate child by the mother, as for the illegal child, equal consideration seems to have been given to the morbid state of mind of the mother, and to the affection caused by her situation. (Criminal Code for Brunswick, §30.) The position therefore of limited responsibility in criminal law may reasonably be left to the jurists alone.

III. The mental life of a child is essentially different from that of the fully developed man through the preponderance of relations to the outer world, and agreeably to this a greater number of single events in feeling, ideas and volition. Whenever the senses of smaller children are excited by an object, their attention is so exclusively given to that object, that even more violent different impressions do not attain to perception. The motions are so intensified, that one may even doubt at times, if they are the product of a certain idea, if they are at all caused by volition. The ideas formed enter only into a loose and rather external combination; the association of ideas is mostly accomplished by the senses; and the ideas are seldom combined by their ideal con-

tents. The child's manner of thinking, therefore, is ruled by fancy, and the lively sensual feeling, the impetuous, almost instinctive actions, find rather new food in the contents of his ideas, than opposition and guidance. The want of experience and practice for an orderly and steady thinking and acting, has also to be considered. Yet the defect of knowledge frequently adduced, and the like reasons in children, ought not to have the principal weight; their feebleness in conclusions, their very small power of consideration, has rather an internal reason. Children of great knowledge, precocious as they are called, are nevertheless often greater children in feeling and actions than those more behind them. Although this state peculiar to the child's mind is gradually changed with the increasing age, still this change does in no manner correspond with the increase in years and in knowledge. It is rather the time of development of puberty, when, with a certain suddenness, a more defined opposition of the individual to the outer world breaks forth, the idea of personality demands recognition, and character attains a clearer development. These symptoms, which coincide with an important period of development, have caused the most ancient legislators already (the Hebrews, Romans, etc.,) not to accept unconditional responsibility until the beginning of the development of puberty.

The §42 of the Prussian criminal code labors, first, under the great inconvenience of requiring an especial proof of the lack of discernment in children of every age. All objections stated in considering the legal definitions about the irresponsibility of the insane may be repeated here with the same force, and nearly the same reasons. But what is of more weight than this dilemma of experts and judges, is the almost irreparable injury done to children by a judicial proceeding, in spite of the

greatest care. Therefore, it is more than prudent, to designate a certain age by law, before which the punishment of violations of it is left to domestic discipline. Moreover, the twelfth year is such an early term, that this reason alone would be sufficient to destroy the significance of the motive adduced for the justification of §42 and §43, namely, the quicker or slower development of different individuals.

As the irresponsibility of the insane leads to the limited responsibility of lighter psychical disturbances, thus also the abolishing of the legal responsibility of childhood until the finished twelfth year, necessarily demands the admission of modified responsibility for children of a higher age. As a second term, corresponding with the beginning of the development of puberty, we readily find the conclusion of the same, which agrees nearly in time with the end of bodily growth. The Brunswick code (§60) designates the 21st year; experience and the common opinion would certainly justify the exculpation of youth until the 20th year.

It is self-evident, and needs scarcely to be mentioned, that even with irresponsible parties the rights of the commonwealth must be regarded. But my own experience has taught me, that with an acquittal for irresponsibility the right of the State authorities, which is at the same time a duty, has been resigned, and the insane and publicly dangerous person is again delivered to his parish or even to his family. For this reason, it seems a demand of necessity, to publish a statute analogous to the English law, viz. : that insane persons, and children with dangerous dispositions, must be assigned to appropriate public institutions, (asylums, reformatories.)

In conclusion, I wish to give the results of my inquiries in a manner corresponding with the form of laws; not that I attach peculiar value to the one chosen by me, for I am rather of the opinion, that the form of legal definitions and their relative position ought to be fixed entirely by legal considerations, and that the meaning of the laws may remain the same, though their expression be varied. Scarcely two of the numerous criminal codes, which all proceed from essentially the same views, fully agree in the arrangement of the material, or in their conception. By adding the subsequent brief recapitulation, I only desire to avoid misunderstandings to which inquiries of a difficult nature are so easily exposed:

I. IRRESPONSIBILITY. (I, III.)

“A crime or misdemeanor does not exist, if at the time of the deed the free volition of the perpetrator was excluded.” Free volition must be considered as excluded:

1. If at the time of the deed the twelfth year has not been exceeded;
2. If the perpetrator suffered at the time under a mental malady;
3. If he was induced to commit the deed by force or threats;
4. Etc..

II. MODIFIED RESPONSIBILITY. (II, III.)

If free volition was not entirely excluded at the time of the commission of a crime or misdemeanor, but limited, the punishment is to be milder—or the judge (or court) has to deem this limitation a circumstance lowering the punishment—or, “the culprit is to receive a milder punishment, than if he had committed the crim

or misdemeanor with entirely free volition." A limitation of free volition existed at the time of the deed:

1. If at the time of the deed the twentieth year had not been reached;
 2. If the perpetrator was affected at the time of the deed with a malady, or morbid symptom, strongly influencing the state of his mind;
 3. If a high degree of passion, limited capacity, etc., etc., existed during the commission of the deed.
-

Observations on Sections Forty-six and Forty-seven of the Draught for the North German Criminal Code.

To the Committee for the consideration of the North German Criminal Code.

BERLIN, November 16th, 1869.

Under date of July 20th, a. c., the Medico-Psychologic Society, of Berlin, had the honor to submit to His Excellency the Minister of State and Justice, Dr. Leonhardt, a few desiderata concerning the draught of a criminal code for the North German Confederation, which was then in preparation: these remarks related to an intended change in § 40 of the Prussian Code. Since then, the draught of a criminal code for the North German Confederation, together with its motives, have been offered to public criticism; and the committee for the consideration of the draught of the N. G. Criminal Code, d. d., Berlin, October 29th, have recently given the express declaration, that remarks and observations in reference to the same would be gladly received during the sitting of the committee, and up to its conclusion, and should meet with careful attention. The undersigned Society, being unable to see in §§ 46 and 47, of the draught as now conceived, a realization of the desiderata laid before His Excellency, the Minister

of Justice, takes therefore this opportunity to explain once more its views and the motives on which they are founded.

I. The § 46 of the draught reads thus: "A deed is not to be considered a crime or misdemeanor, if the free volition of the perpetrator was excluded at the time of the deed."

Since therefore the idea of "*free volition*" has been introduced into the code, we repeat again our objections, as already stated in our former document to the Minister of Justice. We gave expression to our fear, that the idea of "free volition" would lead to popular psychological discussions in the observations, as well as between judges and experts, by which the purely scientific value of the expert's opinion must be impaired. For evidently the idea of free volition is liable to be extended in various manners. If, for example, the proof were demanded, that free volition had been absent in reference to a certain deed; that the accused had been *obliged* to act thus, by force, and *could* not have acted differently; and if it should happen to be impossible to fulfill this demand, then just this want of proof for a forced action might be taken by the judge as a proof that the free volition of the accused had *not* been excluded at the time of the deed. But in reality this proof can frequently *not* be given, in spite of undoubted insanity, since "forced action" is not a general criterion of insanity; on the other side there are cases, where, *during* the existence and progress of developed insanity, actions are committed from criminal motives with reflexion and effect; here also the judge might possibly admit the supposition, that the criminal actions in question had been committed in a state of *free volition*.

From these remarks it follows, that the criterion of free volition, through the various extent of the idea, is

as unfit to characterize a mental malady, as those heretofore in use (Common Law, Part I. Tit. I, § 27 and 28,) of the "reflexion on the consequences of an action," and of the "entire privation of reason:" these ideas being generally acknowledged as without value for the purpose under consideration, we omit any inquiry into their importance. The intention of the legislator is evident, to exclude insane persons from punishment; and it appears to us unavoidable to conceive the paragraph in such a way as to comprehend the idea of *malady*, and to enable the judge to place the question about the existence of insanity before the expert. Therefore we propose to introduce the idea of *malady*, in specie of *mental malady*. The most obvious objection here would be, that the idea of malady, in specie of mental malady, is a vague one, and that physicians do not agree about the extent to be given to the same. In fact this is not so bad as it is thought to be. We speak from practical experience, when we assert, that in the larger number of cases brought to criminal jurisdiction of dubious mental conditions, as they are called, the real expert *seldom* has any serious doubts; that most cases are even relatively simple, or become so as soon as an opportunity is given to the expert, to inquire into and observe the state of the accused in an appropriate manner. If nevertheless contrary opinions frequently occur, this is not so much caused by the imperfection of science, but rather by the still defective psychiatric education of practical physicians, who from want of practice and experience cannot acquire the material necessary for judgment, whilst the possession of the same would render the judgment relatively easy. In saying this we do not wish to deny that there are single cases, where even the real expert meets with difficulties and doubts as to the presence of insanity, especially when *external* circum-

stances hinder the collection of sufficient material for judging the individuality of the culprit and the actions committed by him. The case is the same in all other fields, and also in the other departments of medicine. Science is not perfect, but with its further development such cases of real doubt will become less frequent. Certainly there is no reason to abandon the axiom proposed, and the way of *superarbitria* is always open.

The principal objection to our view might proceed from the consideration, that many physicians give to insanity too large a meaning, and that thus the guilty person might be withdrawn from punishment. Here also experience teaches the contrary. It is indeed frequent, more frequent even than generally known, that persons doubtless, and often incurably, insane, are declared healthy and suffer punishment; the opposite we dare say is a great exception. This is caused simply by the fact, that the more difficult and more hidden forms of insanity, if the question of irresponsibility be raised at all, are frequently not recognized, yea not suspected, by physicians who have not passed through a sufficient education for the medical department in question; and these cases often are the most difficult, the most incurable, and the most dangerous.

Finally it might be objected against the introduction of the term mental malady, that irresponsibility cannot be excluded in all cases of mental malady, even if perfectly and sufficiently established, that therefore the one term ought not to be substituted for the other. Among other cases this would regard the "partial insanity," so-called, and where it was thought right to make the patient responsible to the penal law for certain actions, whose direct connection with a certain group of existing illusions or with other morbid disturbances of the mental activity, could not be sustained

by proof. But in our days all experts agree, that there are no partial mental maladies in the above sense; and that their former acceptance, if not based on psychological deductions alone, but claiming experience, can find its only explanation in an insufficient observation of such patients. Now every physician of the insane knows, that patients of a certain limited group of illusions, who appear otherwise reasonable in their conversation on common things, often commit the queerest and most foolish actions, without a ready connection with their well-known illusions, and without a subsequent discovery of the motive for the actions mentioned; in short it can never be asserted, that an existing mental malady has *not* exerted its influence for a certain action. Of course this is true also of *criminal* actions, since it depends only on accidental phases in the ideas of these patients, if such an action be punishable or not. In conclusion we give a mention at least to a group of pathological conditions of the mind, where real illusions are not at all observed, and whose character consists eminently in morbid (exalted or depressed) affections of the mind, or in conditions of anxiety; since these forms frequently represent grave diseases which may lead to various actions of another description, and also to punishable deeds.

By the preceding remarks we deem our views sufficiently sustained, viz.; that in place of the proposed term of "free volition," the term "mental malady" ought to be substituted, and it be strongly stated that persons thus affected are not to be made responsible to penal law.

We consider it expedient, to range "*idiotcy*" in the line with "insanity," for, although it might be included under the idea of insanity, still, by common usage, insanity rather expresses a *process*, something under *de-*

velopment, or produced by a development; whilst conditions of idiocy may be acquired in birth, or so early that they represent something existing evenly and without variation during the whole life-time of the individual.

But there are some conditions which we do not call morbid, in common parlance, although they must be considered equal to mental diseases in their influence on free actions; of this class are, for instance, certain stages of drunkenness, dreaming conditions, etc., and this would recommend a conception comprehending the conditions named.

We take the liberty to propose the following form as fulfilling all medical desires:

“A crime or misdemeanor does not exist, if the perpetrator was insane or an idiot at the time of the deed, or if free volition was excluded by force, threats, or otherwise.”

We do not conceal the fact, that this conception throws the decision upon the question of responsibility essentially into the province of medicine; yet, if the disturbances of the mind are to be considered as maladies, *i. e.*, maladies hindering the normal operations of the mind, it is difficult to see what persons besides the physician could be called upon to decide on such conditions. For the physician gives his opinions in reference to other purely bodily diseases, for whose value the judge, if he thinks them unfounded, may indeed consult other opinions or *superarbitria*, but cannot himself exercise any professional criticism. We willingly allow, that, on account of knowledge and experience being deficient in this department, not every physician is an able judge of morbid mental conditions; but is the judge in possession of better knowledge? Frequently he has not even a conception of the difficult technical

questions concerned. In proposing the above explained demands, we are well aware that, just by calling forth really scientific medical opinions, free of psychological speculations, and founded on experience alone, the medical opinions will gradually take a higher standing, and gain a scientific value, in which they are now at times deficient.

The scientific deputation for medical matters in their report, propose the following form of the paragraph :

“ A crime or misdemeanor does not exist, if the free volition of the perpetrator was excluded by his being at the time of the deed in a state of morbid disturbance of the mental activity, or by force of threats, or peculiar bodily conditions.”

Although this conception affords an essential improvement, since the expert is at least directly called upon to express his opinion about a *morbid condition*, still we raise the same objections as above explained in relation to the incidental expression of connexion with free volition. Such a form will always cause the judge to ask, if the accused, through the morbid disturbance of mental activity at the time of the deed, has been without free volition; and this is exactly the question we wished to avoid in the indefiniteness of the term, “ free volition;” the scientific deputation have themselves convincingly demonstrated the vagueness of this idea.

II. We come now to the second point considered in our document to the minister of justice, viz.: *limited responsibility*. It is to our great satisfaction that in the rescript of the minister of justice to the minister of education, etc., a proposal has been made concerning limited responsibility, and the same has been included in the draught of the code. We recognize this as an essential progress, and agree entirely with the statement,

that it would not lead to just sentences in penal law, if the expert be simply asked about the existence or non-existence of insanity. For there are undeniably a series of conditions, which cannot be considered mental diseases in the proper sense, but limit the normal procedure of mental actions. To this class belong, first, many conditions known also to laymen as limiting reflection, such as conditions of excitement and passion; besides these, a series of influences has to be taken into consideration, which are less familiar to laymen, but produce the same effects. Persons with certain diseases of the nervous system, or corresponding symptoms, have an inclination to react in an abnormal and unusually violent manner against certain irritations, which do not affect the ordinary man at all, or in a small degree only. Such are for instance many not insane; epileptics in the intervals of their attacks, often separated by years; many hysterical persons; alcoholists; also parties descending from families in which nervous or mental maladies have occurred, and who are not unfrequently under the influence of peculiar strange sensations, perfectly unknown to the healthy man, of ideas and desires exerting a forcible power, etc. Such individuals, as experience teaches, may, by small causes, be led to punishable actions, (insult of officials, obstinacy, theft, deeds of violence, etc.,) and in such cases the above statements have to be considered. That these causes really produce the effects named, is shown by experience in persons, whose actions never reach the penal court. To give further proof is here out of place, but there will be a perfect agreement of all the experts in the case. Nevertheless, we cannot consider such persons as insane, in the narrow sense, since essentially morbid influences on the organism alone are in question, and these develop their effect solely under certain circumstances, whilst ordina-

rily they remain latent, so to speak. The degree of this effect is indeed hard to appreciate; science is even not able to give general and definite marks, by which these conditions of such individuals caused by a concurrence of circumstances, would be distinctly divided from mental maladies in general, and for natural causes such a boundary will never be found.

Of the same category are the idiots of the lighter and lightest degree, who under ordinary circumstances are able to conform to the demands of life and to legal requirements, but who, under the concurrence of certain circumstances may easily be led into illegal actions in consequence of the weakness of all their mental operations, and the want of a sufficient power of resistance.

Of all these persons it may be justly said, that the normal way of mental operations is limited for a longer or shorter period, in consequence of influences independent of their own will, (epilepsy, hysteria, hereditary disposition, idiocy.) The judge will therefore apply milder sentences.

If then science may be well satisfied with the fixing of particular penalties for these individuals, one objection appears to us unavoidable. We are convinced, if such definitions be given in the code, that a number of culprits who suffer under perfectly developed and pronounced forms of insanity, will lose the indemnity insured to them by § 46. For there are, as mentioned before, forms of insanity more difficult of recognition, since they do not show themselves by hallucinations and sensual illusions of easy discovery: with the present want of psychiatric education amongst physicians, it may sometimes happen that these forms are not acknowledged as real and indubitable maladies of the mind, but ranged under category No. 2, and thus they would nevertheless suffer a penalty, though a milder

one. Against such an abuse to the detriment of the insane there is no remedy but the increase of psychiatric knowledge amongst the physicians: a reason to abolish the category cannot thence be derived, for the law does also pay no attention to the deficient knowledge of single judges.

The "Motives" seem to regard it necessary to point out a *danger* in the admission of this term, albeit the "draught" accepts the limited responsibility. On page 102, of the motives, we read these words:

"At the same time it (the draught) is well aware of the danger which may result from the admission into the code, of the term "limited responsibility;" the more so, because the possibility cannot be gainsaid, that occasionally medical experts are found, who do not perceive their task to be to support the penal law to their best ability, in conjunction with the judge, but make it a matter of ambition to protect the accused by so-called medical arguments, particularly such as they take from the province of psychiatry, or at least to modify the consequences of this penal law."

We must confess our astonishment at such a sweeping accusation leveled at the members of the medical profession in an official and public document; an accusation resting rather on a general impression, than on established facts. Although we willingly admit, that the opinions of physicians may through a defect in psychiatric knowledge not be equal to the judge's wishes and demands, still we enter an energetic protest against the supposition of impure reasons as the Motives impute them to the experts. Solely and simply, the want of psychiatric education is in fault, for which a physician has no opportunity, or at best a very slight one in the

Prussian State; and as to the view that many experts desire to *protect* the culprit through *ambition*, we consider it as much a judicial prejudice, as that of many physicians, that there are to be found judges who strive to procure the *condemnation* of the accused through *ambition*.

But let us even suppose, that such medical experts are to be met with as the Motives state, this alone would not be a sufficient cause, we think, not to accept the limited responsibility, which has been recognized as an essential progress by the scientific deputation. The draught really introduces the limited responsibility, in spite of these remarks on the motives, and it would afford us a lively satisfaction, if we have succeeded, together with this ready agreement of the draught, to remove, by our explanations, these objections also, which the Motives thought it necessary to mention expressly, and with a certain force.

As for a formulation of a legal definition comprising everything touched upon, we consider it a matter of extreme difficulty. If we propose a form, it is done with the consciousness that our profession does not enable us to do so, because we cannot comprehend all the points requiring consideration for the formulation of a legal statute, with reference to other statutes. But we think it would be well to say, with regard to the § 46, as proposed by us:

“If the reasons excluding punishment by § 46 exist in a limited degree, a penalty must be decreed, the measure of which depends on the rules given for the punishment of the attempt.”

But we remark here expressly, that in our opinion, for the category of individuals in question there ought

to be another class of punishment, those of correction, analogous to those pronounced against youthful delinquents. In the present state of legislation we must confine ourselves to a simple mention of this view.

III. We ask permission to direct the attention of legislators to a circumstance heretofore unregarded, which appears to us of the greatest importance for the public safety. At present, whenever a delinquent has been proved to have committed a punishable deed in a state of irresponsibility, he may be discharged at the conclusion of the court without any delay, no matter if the deed committed threatened even the life and safety of a human being. Thus it has recently happened, that the most dangerous lunatics who tried to commit homicide, have been discharged immediately after the trial. Such a proceeding needs only to be mentioned in order to show its objectionable side. Therefore we recommend earnestly the reception of a proper statute into the code, which might be joined to § 42 of the Prussian Code, and conceived in these words:

“If the accused has been absolved on the ground of § 46, the sentence must decide, whether he shall be assigned to a public asylum. There he shall remain until the official establishment of his recovery or harmlessness.”

Also, if it is self-evident, that the accused is insane, definitions ought to be made, that even should the case not be proper for prosecution, the safe keeping of the dangerous insane ought to be legally provided for.

In submitting the preceding remarks to the committee for considering the draught of the North German

criminal code, we take the occasion to say, that we intend to bring them also to the knowledge of the members of the Diet.

The Berlin Medico-Psychological Society,

By Order :

The President : Dr. C. WESTPHAL,
Professor and Medical Director of the
Division for Mental and Nervous Dis-
eases of the 'Charité.

The Vice-President : Dr. LIMAN,
Professor and City Physician.

The Secretary : Dr. W. SANDER,
Practical Physician and Private Docent.

Dr. VON HOLTZENDORFF,
Professor of the Law.

Dr. SKRZECZKA,
Professor and Physician of the Courts.



[From the Dublin Quarterly Journal of Medical Science, November, 1870.]

MORAL MANIA.

BY J. H. BALFOUR BROWNE, ESQ.,
Barrister-at-Law.

That one black sheep which is within the fold of a respectable household should be white-washed, may, to piebald brothers and sisters, seem a desirable thing. That a family moving in good society, and living in a good street, should, in the event of one of its members committing a crime, have recourse to the family physician rather than to the police, and should look upon the act as a symptom of disease and not as a crime in the true sense of the word, seems a very natural proceeding. For a long time insanity was looked upon as the work

of God's hand, while, even at the present day, the devil is regarded as the mechanist of crime. If, then, a family has an opportunity of mistaking the hand of the devil for that of God, it will probably embrace it. Many a one when asked, like Sam Weller, if he can see the individual who was guilty of contempt of court, and knows that that individual is a relation, and had laid himself open to punishment, will look at the ceiling, and say "No!" Heaven knows that the grandest things upon earth are those dear home-eyes which won't see our faults—those dear lips that are "no thoroughfare" for reproaches, and those dear heads which are armories full of defences of our errors, which would fain find a leaning to virtue in all our vices, and the mental darkness caused by the shadow of God's hand in that night of the moral life in which the devil rides. But although friends may be break-waters about the home-harbor, it is the duty of a Government to punish crime, and in order to do so it is necessary to distinguish crime from insanity.

Is there, then, such a disease as moral mania?—a disease the symptom of which is crime—and if there is such a disease how is it to be distinguished from immorality? Pinel was the first who asserted that there were "many maniacs who betrayed no lesion whatever of the understanding, but were under the dominion of instinctive and abstract fury, as if the affective faculties alone had sustained injury;" and very many writers since his time have distinguished between intellectual and moral insanity. Some have argued that this disease is exclusively confined to the moral sense, that it may co-exist with a perfectly healthy condition of every other faculty, and that the only symptom which manifests the presence of disease is depravity in a somewhat exceptional degree! That twenty convictions would

prove a man mad, the law has as yet denied. That if the disease is manifested by no other symptoms than the commission of criminal acts, the individual shall be liable to the consequences of those acts, the law has upon more than one occasion asserted; and although many loud voices have been raised against the law on account of that denial and that assertion, the principle laid down seems to us to be sound. Nay, further, although we admit that crime is in many cases a sign of the presence of disease, and although we think that in most cases in which it is so, the history of the individual, and the presence of insanity or nervous disease in the parents will establish the fact of moral insanity in the individual under examination; we are of opinion that only on very rare occasions should moral insanity stand between the individual and the consequences of his criminal acts, for it seems to us certain that punishment is in most cases one of the means of cure, and that moral maniacs may be restrained from criminal acts by an adequate system of discipline!

The philosophy of the subject seems somewhat defective. We find frequent assertions that this disease consists in a morbid perversion of natural feelings, or habits, or moral dispositions, and that it is unaccompanied by any lesion of the intellect; that it is a disease of the moral sense, and various other assertions of similar import. Writers have not taken the trouble to ascertain, in the first instance, whether there be a moral sense or no; they have not endeavored to discover whether it is possible that reason, when directed in one particular direction, can be affected with disease, while in other directions it can be exercised under all the conditions of health. It is an easy thing to take for granted, and then to assume as proved.

Ethics is the science of the laws of our actions

looked at with regard to their morality or immorality, and presupposes a knowledge of man as a moral agent. If, however, our ideas of right and wrong are formed in connection with the ideas of reward or punishment—if our dislike and disparagement of certain actions, and our approbation and praise of other actions, is founded on our belief that in the one case the individual committing the action should be punished, and that in the other case he should not, it is evident that our moral distinctions have an intellectual origin, and that any such phrases as moral sense, or conscience as distinguished from ordinary intellectual function, are apt to deceive, and any distinction between moral and intellectual insanity is unphilosophical. This is not the place to consider whether this is a true statement of the fact or not. Man, individually, ought to make all his actions perfect. Government has to be content with a moral code that will *do*. Government cannot enact the whole moral law as laid down in books of ethics or in great human hearts. All it can attempt is to make men free to be good, if they will, by restraining acts of violence. Expediency is essentially the science of government; and, as that is the case, it will be sufficient if we, in this place, point out what acts government ought to recognize as moral, what acts government ought to punish as immoral, and in what way a somewhat rough and ready morality may be applied to the solution of the questions which arise in reference to the so-called moral insanity.

That for all governmental purposes “good” may be defined as “happiness,” and “bad” as “misery;” and that as each person’s happiness is in this view regarded as good to that person, the general happiness must be regarded as a good to the aggregate of persons, seems to us to be true. That those actions which tend to the

happiness of the individual, and which do not interfere with any enjoyment of other persons, should be regarded by the legislature as moral, and that such acts as lead either directly or indirectly to the misery of the individual, or which, while ministering to the happiness of the individual, are calculated to take, either directly or indirectly, from the happiness of others, should be regarded as immoral, seems to us fair. The government, be it representative or not, is a trustee for the community. The object of the trust is the attainment of the greatest amount of happiness to the *cestui que trust*, and one of the means adopted in this country for the attainment of that object is the enactment of a code of laws, which declares that certain acts—believed to militate against the public good—shall be punished in case they are committed, not because government wishes to punish crime that has been committed, but because the invariable connexion between an act and a serious disadvantage to the actor is likely to lead to the discontinuance of the act, and in that way lead to the greater happiness of the community.

The various mental peculiarities, some of degree, some of kind, which distinguish man from the brute, seem to be—1. The greater ability of the former to profit by experience, to get the essence out of facts, to learn something more from his faults and failures. 2. The more perfect means of communication which man possesses in grammatically constructed languages, and a much more complete repertory of the lower gestures, of body, and the higher gestures, of expression. 3. The more intimate relations of man to man than those which exist between animal and animal, which lead to an infinitely great play of feeling, to voluntary ornamentation, which is not directly connected with material well-being, and to which may be referred the tendency

to associate, which is characteristic of man, and which induced Aristotle to call him a political being. But of these three characteristics of humanity the first seems to us, perhaps, the most important, and possibly the characteristic to which the development of the other two peculiarities might be referred. With regard to the power which is inherent in the being of man, of availing himself of surrounding phenomena, of profiting largely by experience, and of advancing through failure to success, through pain to pleasure, it must be borne in mind that animals have the same power, although in a less degree. Monkeys that have once burned their lips in swallowing hot liquids afterwards wait with patience until they are cooled.* Every one knows that by means of rewards and punishments, dogs, cats, canaries, and fleas can be taught many things. But there is a certain degree in which this power or capacity is possessed by different animals, and beyond that power punishment is thrown away, or rather its effects are manifested, not in the improvement of the individual on whom the punishment is inflicted, but in deterioration both of the individual punishing and the individual punished. The doctrine of all true educational or reformatory punishment is to punish as long as the individual and class to which he belongs, and on whom the example will operate most powerfully as a deterrent, have capacity sufficient directly to concatenate the suffering with the offence, and to understand how they may avoid the commission of a like crime. Any infliction of punishment under circumstances other than those just alluded to is not only inefficacious, but tends to diminish the aggregate happiness of mankind, and is to that extent a breach of the trust reposed in the government of the country. It will, therefore, be un-

* Bennett—Wanderings in New S. Wales, vol. ii., p. 158.

derstood that repeated convictions on account of the same crime would naturally lead to a suspicion of an amount of incapacity which would justify the law in exempting an individual from criminal consequences; and while such an amount of incapacity is proved in reference to acts occurring in the life of the individual, other than those which have come under the cognizance of courts of law, the presumption is strengthened; and further, if in conjunction with these circumstances it is found, upon inquiry and examination, that there is an inherited tendency to insanity, or malformation of the skull—if the history of the case is such as to lead a physician to suppose that it is not impossible that the mind may be diseased, in such a case it seems to us that the law would do well to admit the existence of moral mania, and exempt the individual from the legal consequences of criminal acts. But the law is asked to do more: it is asked to believe that persons who, while “laboring under this disorder, are,” according to Pritchard, “capable of reasoning or supporting an argument on any subject within their sphere of knowledge that may be presented to them—and they often display great ingenuity in giving reasons for their eccentric conduct, and in accounting for and justifying the state of moral feeling under which they appear to exist”^{*}—are in no case fit objects for punishment. It is owing to such demands that the criminal courts of this country have been less willing to admit moral insanity as a bar to punishment than they would otherwise have been, for those persons who have gone so far as to assert that a morbid perversion of sentiments, as manifested by repeated acts of crime, should in all cases be treated as disease, have not hesitated to regard all crime as a form of morbidity, instead of re-

^{*} *Cyclopædia of Practical Medicine*, Art. *Insanity*, p. 826.

garding it, in its truest sense, as one of the conditions of the health of a community. That such pretensions should have made lawyers and legislators sceptical as to the authority to be attached in questions of this kind to the evidence of medical gentlemen, was not to be wondered at. But the two questions—Is there moral insanity? and, if it is proved, how far should law recognize it as depriving the individual of that capacity which is commensurate with responsibility?—are distinct. As to its existence let us examine the evidence. 1. It is asserted by many of the ablest writers upon insanity. 2. There are many cases in which the motiveless character of the act done, the past history of the individual, the carelessness as to whether the commission of the crime is discovered or not, lead to a belief in the existence of insanity. We almost invariably find that this form of insanity is said to be accompanied by what are called “depraved impulses,” and that it is asserted by many that “defective volition” and “perverted emotions” are mental symptoms of the presence of this form of disease. Now, as ordinary criminals have depraved impulses, as their wills must be defective to some extent, and as their reasoning powers must, through this deficiency, have led to their detection; as, further, the emotions of criminals are not generally of a very perfect human type, it would seem necessary clearly to understand what is meant by the assertions of those who pretend to know something about the subject. Before doing so we may state our belief that, through various circumstances to be afterwards alluded to, a man may reason correctly concerning one set of phenomena, while he is incapacitated from reasoning concerning other sets. We find in ordinary life that Reason does not seem to be current coin, but a sort of local issue—that the very familiarity with the logical sequence in relation to a

certain class of facts, renders the individual unable to appreciate the same identical sequence in relation to facts of a different nature—that there seem to be men who can reason concerning the dry-bone facts of science, and are utterly unable to grasp the sappy facts of human science. A very limited knowledge of abnormal conditions will serve to convince one of the truth of the fact that this is much more prominent in connexion with disease. So that at this stage it would be wrong to deny that a mind, because it shows shrewdness and ingenuity with relation to many intellectual matters, may, at the same time, be unable to appreciate the relation of acts to personality looked at in their moral relation, just as there are many perfectly sane persons who can never come to regard virtue as an end in itself, which must ever be one of the crowning advantages of all true morality; for, as Mr. Mill observes, “there is this difference between it (the love of virtue for its own sake) and the love of money, of power, or of fame, that all these may, and often do, render the individual noxious to the other members of the society to which he belongs, whereas there is nothing which makes him so much a blessing to them as the cultivation of the disinterested love of virtue.”* We proceed, then, to inquire what this “impulsive insanity” may be. As for the literature of the subject, so far as it has come under our notice, it is simple assertion, together with reports of some cases in which impulse was supposed to be present; and we may say here, that if medical gentlemen would, instead of clamoring for the recognition of irresistible insane impulses in courts of law, devote themselves to the proof of their existence, their time might be more profitably spent.

We know how intimately all our feelings are con-

* Utilitarianism, p. 57.

nected with thought, and how much thought is influenced by feelings. Well has Bacon said—"The light of the understanding is not a dry light, but drenched in the will and affections;" and it is well, in further explanation, to add that thought is, as it were, the skeleton of our mental life, while feelings and desires are the muscles and nerves which clothe it. Under such circumstances it is impossible to see in what way the one set of faculties, so to speak, can be affected without the other. If a man does not know right from wrong he reasons badly. If he is unable to restrain desires by the leash of thought, or by fear of consequences, again he reasons badly. If the ordinary motives have no influence over the mind of an individual, we say he is a fool, or he is mad. Now there are very various ways in which a man may lose control over his actions. If you tickle the sole of a sensitive foot during sleep the leg is withdrawn by what is sometimes called "involuntary" retraction. If acts are repeated very often they become what is popularly called "second nature," that is to say, they become as involuntary as any of the actions which are performed during infancy, or as any of those habits which are the heritage of the race. Many actions in this way pass beyond the range of will or motives; for every act tends, by repetition, to become easier, and to pass out of the dominion of wilful choice into that of automatic origination. Every one knows the influence of habit. *Hamlet* says to his mother:—

"Refrain to-night,
And that shall lend a kind of easiness
To the next abstinence; the next more easy,
For use almost can change the stamp of nature.

One ethical philosopher has well said—"Do right, and trust to God to make it easy." So it is that many acts

become so easy in the doing, require so little effort of consciousness, that they are said to be done unconsciously, or, in other words, out of the ordinary relation to thought in point of time. These acts we may call automatic or impulsive. The constant modified exercise of any of the muscles, will, in the time to come, tend to the same modified exercise under the influence of a comparatively insignificant exciting cause. And thus in all the manifestations of mind, whether they be connected with impressions on the senses, with the result of the processes of thought, or with one's actions as a moral agent, there is a liability to pass partially out of the power of will or motive—for we are using these two words in the same sense—a liability to recur under the influence of what would in time past have been an inadequate stimulus, and to become what may be called involuntary or impulsive. But this is much more speedily done under the influence of disease than in the conditions of health. The infinite variety of the actions that one is called upon, while in a healthy state, to perform, protects the individual from the effects that follow habitual action in one direction. But it can easily be understood that the presence of a delusion must greatly modify many of the relations of motives to conduct; and the same effects will be produced by the influence of unrestrained habit, or of hereditary tendency. So powerful is hereditary tendency that we may be said to inherit ready-made habits; so powerful is it that a father may weaken the power of will, or weaken those powers by which men judge of motives, in his offspring. It is stated as a fact that Oxford, the regicide, believed that he was St. Paul, and that his grandfather had done the same. An interesting example of a hereditary propensity to steal—which descended from a real thief, who could refrain from pilfering when paid to do so, to

his son and grandson—is given in Dr. Julius Steman's very excellent work on "Hereditary Disease," and other examples of a similar tendency to the reproduction of morbid propensities will be found in Mr. F. Hill's "Reports on Prisons." We find voices, features, even acquired skill, modified by the past, so that the handwriting of one individual member of a family has in some cases been found to resemble that of some ancestor whose writing he had never had an opportunity of seeing. All this seems to us to explain what we mean by the "depraved impulse," as present in many cases of moral insanity, and what, in this relation, we understand by defective volition. That disease has the power of withdrawing certain acts from the influence of will, and that in many cases it so much incapacitates the individual as to place him so thoroughly under the influence of one set of motives as to make any action arising therefrom rapid and unhesitating, is, we believe, the only true explanation which can be given of those diseased impulses which find place in the minds of the insane; and we are further inclined to interpret the apparently motiveless character which belongs to such impulsive actions as, in truth, due to the strength of the motive to which they owe their existence.

In this life our course is not a clear one. Duty is often difficult to do. We have the choice of Hercules at every turning point of our life. The more one knows of the possibilities of the future, the more careful will one be in fashioning the actualities of the present. And Shakespeare says—

"Rightly to be great
Is not to stir without great argument."

It is to the ignorant that choice is easy: it is to the wise that choice is difficult. A child finds no difficulty

in choosing between a bank-note and a lollypop, and from the impulsive way which it grasps at the latter, we think it is uninfluenced by motives, the fact being that it is influenced by the motives of actual enjoyment powerfully, and by those of remote contingency not at all. So it arises than an overwhelmingly powerful motive has, to the eyes of those who are in the habit of connecting choice of motives with struggle, the same appearance as no motive at all. Our idea of choice is the swaying of the scales, not the kicking of the beam by one of the scales; so that we have, in thought, connected actions which spring from a very strong motive with the expression "motiveless," because struggle, resistance, is a sign of humanity in the hands of cause, while yielding is the sign of inanimate matter under similar circumstances.

We believe that this explanation of an "irresistible impulse" is conformable to all the circumstances which attend their manifestation, as far as they have been accurately observed; and we further believe that, with such an explanation as the above, courts of law would, in connexion with the various cases, be satisfied of the existence of morbid impulses; and it would be admitted that persistency of criminal tendency, and the commission of criminal acts in spite of repeated punishments, and in spite of every human reason to believe that the connexion between future acts of crime and punishment would be invariable—all point to the existence of disease. A few cases are added to show that the real ground for exempting from punishment has not been sufficiently understood, and to illustrate the phenomena of this disease.

"An only son of a weak and indulgent mother, was encouraged in the gratification of every caprice and passion of which an untutored and violent temper was

susceptible. The impetuosity of his disposition increased with his years. The money, with which he was lavishly supplied, removed every obstacle to the indulgence of his wild desires. Every instance of opposition roused him to acts of fury. He assailed his adversaries with the audacity of a savage, sought to reign by force, and was perpetually embroiled in disputes and quarrels. If a dog, a horse, or any other animal offended him, he instantly put it to death. If ever he went to a fête, or any other public meeting, he was sure to excite such tumults and quarrels as terminated in actual pugilistic encounters; and he generally left the scene with a bloody nose. This wayward youth, however, when unmoved by passion, possessed a perfectly sound judgment. When he became of age, he succeeded to the possession of an extensive domain. He proved himself fully competent to the management of his estate, as well as to the discharge of his relative duties, and he even distinguished himself by acts of beneficence and compassion. Wounds, law suits, and pecuniary compensations were generally the consequences of his unhappy propensity to quarrel. But an act of notoriety put an end to his career of violence. Enraged with a woman who had used offensive language to him he precipitated her into a well. Prosecution was commenced against him; and on the deposition of a great many witnesses who gave evidence to his furious deportment, he was condemned to perpetual confinement in the Bicêtre.* Although this case is recorded by Pinel, it seems to us anything but a satisfactory illustration of moral insanity; and it is somewhat strange that it has been quoted in that connexion by some more recent writers on the subject. "Strong passions," seem to us, all that is made out in the case just quoted; and

* Pinel *Sur l'Aliénation Mentale*, p. 156, s. 159.

if that plea is to open the door of a lunatic asylum instead of that of a prison, courts of law may shut their doors. That the strong passions were unrestrained in youth, that a defective education led to careless self-control, that the means of gratifying passions made them strong—just as in a country's economy, plentiful supply strengthens demand—that habit strengthened more and more what tendency had made in clay, seems all that can be gathered from the facts of this case. The same story might be told of many of those persons one meets each day and never excite a suspicion of insanity. We suspect that the money, of which he had much, and the domain, which was extensive, had something to do with his incarceration in the Bicêtre.

A case mentioned by Hoffbauer* better illustrates what we understand by moral mania. It is a well known case, and we therefore content ourselves by referring to it. We epitomize a case given in an article upon the subject under consideration, in the *Medical Mirror*.†

W. R. was twenty-seven years of age. He had been eight times in the house of correction. His father was an epileptic, and he himself had been subject to convulsions when teething, and at intervals during his after-life. He tortured animals, picked out the eyes of a kitten with a fork. He lied and stole. He was expelled from school as too bad to be kept. He afterwards consorted with the worst characters, was drunken, debauched, dishonest. He attempted, or pretended to attempt suicide. He was utterly false and untrustworthy. He delighted in torturing those patients who were, like himself, confined in the lunatic asylum, and who

* Hoffbauer's *Médecine Légale*, s. 126, p. 132.

† Notes on Moral Insanity, *Medical Mirror*, Vol. iv., No. 48.

were too weak to resent injury with violence. He was indelicate in the presence of females, and attempted a rape on his mother and on his sister. Yet, with all, he was intelligent, exceedingly cunning, and while he was actually the victim of epileptic seizures, he was prone to feign fits, and did it with considerable ability. In spite of careful watching he repeatedly effected his escape. Was exceedingly vain; and, in the presence of some persons, seemed to be exceedingly devout. He was ingenious in excusing his errors; and, although exceedingly mischievous, was careful to avoid disagreeable consequences. All these facts indicate the presence of disease; and, we are inclined to believe, that the case above quoted is one in every respect typical of general moral mania; and yet it is not one in which it seems to us, looking at the function of government, as we have described it above, where even the presence of this morbid state should not protect from the consequences of criminal acts. In all the circumstances of the case we have partially described, two things are observable:—1. A fear of personal inconvenience, a dislike of ordinary punishments, and many of the ordinary motives of human nature—as self-aggrandizement, sexual indulgence, the praise of those whose praise is ordinarily thought of value, personal vanity, and the like; and 2. An intelligence of such a high order as to enable him thoroughly to understand the relation between a found out crime and its punishment, as he invariably tried to conceal the commission of the criminal act by lies, hypocrisy, and various clever explanations. And either of those two conditions of health seems to us—where no incontrollable impulse is proved—to indicate a fit object for punishment. And the writer of the article from which the case is quoted, evidently, although a

medical man, tends to the same opinion, for he says: *
“Humane and well devised punishment must follow all their (the morally insane) misdemeanors; and they must be made to feel that, in certain matters, subjection to a dominant system is an inevitable necessity. The gradual formation of habit is, above all things, to be aimed at.” It is quite evident that many such individuals exist amongst us, with a heritage, if not of actual disease, yet of accumulated crime, which is the clay in the hands of that potter, Time, of which insanity is made, who do not restrain their morbid impulses on account of the fear of punishment. But because the law has, by various punishments, failed to make a man honest, to regard him when he again steals as exempted from punishment on account of the number of his crimes—and because it has failed, to do damage to its declaration by rendering the connexion of crime and punishment less invariable, seems absurd. It is just because this consequent and antecedent are not invariably and inevitably connected that some men commit crime, and that those who have a tendency to commit crime through strong passions, habit, or disease, are not restrained. It is true, there are some insane persons whom an invariable sequence will not teach *the* lesson of life, and whom the pain, which is the invariable consequent of violently striking one’s head purposely against a stone wall, will not teach to refrain from that act. When such a state of mind exists, whether it arises from imbecility or mania—intellectual or moral—it is absurd to punish. In most of the cases of moral mania which have been brought under our notice, the tendency to sin is doubtless due to disease; but it is not so strong that an absolute certainty of proximate suffering could not restrain from the commission of the criminal

act—indeed, in many cases it is not stronger than the tendency which exists in those persons that circumstances have brought to sin, and that habit has made criminals; and as it is for the latter class that laws are enacted, it seems to us, the former class are co-heirs with them in the advantages to be derived from the infliction of punishment. Another case may be quoted to illustrate this position; it is a case “where, with great natural shrewdness, general information, and gentlemanly manners, where no delusion or incongruity of thought can be detected, there exists an inveterate desire to torment and irritate those around: to enjoy the dissension and disputes which ensue, and to violate every rule of decency and delicacy by obscenities of look, word, and action, *when these objects can be accomplished without detection.*”* We imagine that the case just quoted, and the following case, which we take from Prichard,† prove that in many of the relations of the morally insane to the State, they may, for all the purposes of just governmental discipline, be regarded as sane; and that, in many respects, those who are afflicted with moral insanity must be treated in the same way as those in whom we can only discover moral turpitude. “Mr. H. P. had been for many years confined in a lunatic asylum when, an estate having devolved upon him by inheritance, it became necessary to subject him anew to an investigation. He was examined by several physicians, who were unanimous in the opinion that he was a lunatic; but a jury considered him to be of sound mind, attributing his peculiarities to eccentricity, and he was consequently set at liberty. The conduct of this individual was the most eccentric that can be imagined; he scarcely performed any action in the same manner as other men;

* Crichton Institution Report for 1850, p. 26.

† Cyclopædia of Practical Medicine, Art. Insanity, p. 834.

and some of his habits, in which he obstinately persisted, were singularly filthy and disgusting. For every peculiar custom he had a quaint and often ludicrous reason to allege, which indicated a strong mixture of shrewdness and absurdity. It might have been barely possible to attribute all these peculiarities, as well as the morbid state of temper and affections, to singularity in natural character, and to the peculiar circumstances under which this person has been placed. But there was one conviction deeply fixed on his mind, which, though it might likewise be explained by the circumstances of his previous history, seemed to constitute an instance of maniacal delusion. Whenever any person, whom he understood to be a physician, attempted to feel his pulse, he recoiled with an expression of horror, and exclaimed—"If you were to feel my pulse you would be lord paramount over me for the rest of my life." "The result has proved," this author goes on to say, "that confinement is not always necessary in cases of this description. Mr. H. P. has remained at liberty for many years, and his conduct, though extremely singular, has been without injury to himself or others."

This is one case, and many others might be collected in which an illiterate jury have, in spite of medical evidence, succeeded in doing the right thing; but it is also a case which shows how very frequently moral insanity is connected with intellectual delusion. Indeed, we are convinced that many observers have not—in their anxiety to prove the fact of a kind of insanity which exists independently of any prominent intellectual symptoms—been sufficiently careful to look for signs of the existence of that which they did not wish to see. Many people like Nelson—when he was told that there was a signal from the Admiral's ship commanding his return—put the telescope to their blind eye, and say, "I can-

not see anything." So Dr. Ray* quotes the case of the Earl Ferrers, who was executed in 1760† for the murder of his steward, in illustration of what he regards as moral insanity. Dr. Ray does not, in the description he gives of the condition of the accused—in which he asserts that the disease was in a more advanced condition—state that it was proved that his lordship was occasionally insane, and incapable, from his insanity, of knowing what he did, and of judging of the consequences of his actions. He labored under the delusion that his relations and friends had formed a conspiracy against him, and he regarded Johnson, his victim, as an accomplice. His conduct was of such a character as to convince those who knew him of his insanity. That the verdict of guilty may have been erroneous, and that the sentence and execution may have been inexpedient, is true, but that the accused labored under moral mania seems to us false. In another place we point out the relation of those afflicted with intellectual mania to the State—here we would, while we praise the caution of our courts of law in hesitating to recognize moral insanity, and point out that, from the rarity of cases in which this disease is unaccompanied by very prominent intellectual symptoms, very little injustice has been done in consequence of the law's unwillingness to recognize this kind of insanity—we would censure the dogged persistence of lawyers who will not, even in the present state of medical psychology, and with the amount of evidence which has been accumulated, admit that there can, or ought to be, a recognition of such a form of disease by our criminal law.

* Medical Jurisprudence of Insanity, p. 119.

† See Hargrave's State Trials, vol. x., p. 478.

BIBLIOGRAPHICAL.

REPORTS OF HOSPITALS FOR THE INSANE FOR 1870.

1. MAINE.—*Annual Report of the Maine Insane Hospital*: 1870. Dr. H. M. HARLOW.

At the close of last year there were in the hospital 337 patients. Admitted since, 130. Total, 467. Discharged recovered, 48. Improved, 19. Unimproved, 18. Died, 37. Total, 122. Remaining under treatment, 345.

This is the twentieth report of the institution made by its present superintendent, and the thirtieth year of the existence of the hospital. A short history is given, relating principally to the changes in its medical officers and trustees. A new ward for women has been opened during the year, and there is now a pressing demand for increased accommodation for the men. The Doctor urges the erection of a new hospital, in view of the limited and already filled capacity of the present one, and the number of insane in the State needing care and treatment in an institution.

2. *Thirty-fourth Annual Report of the Vermont Asylum for the Insane*: 1870. Dr. W. H. ROCKWELL.

At the close of last year there were in the asylum, 511 patients. Admitted since, 120. Total, 631. Discharged recovered, 35. Improved, 18. Unimproved, 20. Died, 40. Total, 130. Remaining under treatment, 518.

3. *Fifteenth Annual Report of the Northhampton Lunatic Hospital*: 1870. Dr. PLINY EARLE.

There were at date of last report, 402 patients. Admitted since, 202. Total, 604. Discharged recovered,

50. Improved, 58. Unimproved, 56. Not insane, 2. Died, 33. Total, 199. Remaining under treatment, 405.

The year has been marked by an unprecedented number of admissions and discharges, caused principally by transfers from and to other State institutions. A careful analysis of the 199 persons admitted for the year, shows that they count upon the records of this or other hospitals as at least 300 patients. This has been owing to the policy adopted by the State, of transferring patients according to conditions. There has been such an increase in the admission of excited and maniacal patients, that in six years this class has multiplied three fold, and now the institution occupies "the status of a hospital proper."

Great attention is paid to the furnishing of amusement to the patients. This has been carried out so fully, that there were but twenty-one evenings in the whole year in which there was not an assembly of the patients. These consist of exercises in the chapel: lectures, concerts, exhibitions with the stereopticon, and dances. The repairs and improvements made upon the buildings and grounds are specified.

4. *Seventeenth Annual Report of the State Lunatic Hospital at Taunton, Mass: 1870.* Dr. W. W. GODDING.

There were at date of last report, 383 patients in the hospital. Admitted since, 375. Total, 758. Discharged recovered, 112. Improved, 108. Unimproved, 118. Died, 38. Total, 376. Remaining under treatment 382.

This is the first report of Dr. Godding, who was appointed superintendent from the position of assistant physician of the Government Hospital at Washington. He enters upon his duties under favorable auspices, and with the confidence and support of the whole board of

trustees of the hospital. We offer him our congratulations upon his promotion, and our best wishes for an abundant success in his new field of labor. We append the Doctor's remarks upon the elopement of patients, and the distrust of the community in the management of insane asylums :

Of course with the employment of patients the danger of elopements is increased. The greater good must be held to compensate for the lesser evil. In a certain class of cases confinement must be had, and the highest curative success be made secondary to the safety of the community ; but it would be a grave mistake to treat all or a majority of the insane on this principle. Their good, their health, oftentimes their recovery, depends upon their being taken out in the air and sunshine, upon their being allowed to go for long walks, upon a certain confidence being reposed in them, even at the risk of now and then seeking through the neighborhood for an eloped patient. And this leads to a moment's consideration of the present public sentiment in regard to insane hospitals. The day of unlimited confidence has gone by, and as is apt to be the case with all extreme views, an opposite era of painful distrust of everything connected with insane hospitals has succeeded. It is idle now to stop to inquire what causes have brought about this change ; it is enough that the distrust actually exists. There is a considerable portion of the community who believe that the insane are deliberately abused by those having them in charge ; another class believe that they are in the main kindly dealt with, at least not intentionally abused, but that the system of restraint in hospitals as at present conducted, is itself the greatest abuse of all ; that personal liberty is not to be alienated except for crime. Here some of our kindest-hearted men, the leading philanthropists of the time, take their stand. The philanthropy of the last generation gathered the insane out of the poor-houses, the prisons, the by-ways and neglected corners of the earth, and placed them in these hospitals ; our modern philanthropist would tear down these walls and return them to the world again, thinking perhaps that the world has so far improved in the meantime as to have become a paradise for the unfortunate. Another prominent idea, and it seems to be general in the public mind, is, that there are constantly shut up in our hospitals a considerable number of persons who are not insane, exactly how or why is not so clear, but the fact is considered indisputable. The newspapers of the day are full of it.

In view of this public sentiment, thus briefly indicated, are our duties in any respect changed? I confess I cannot see how. The dictates of humanity remain the same; the insane like the poor "are always with us," and somebody must continue to care for them. For the public to believe that the insane man is unjustly confined, unfortunately does not cure him of his delusion. We must continue to do for them as we would be done by, until modern philanthropy shall show us "a more excellent way." The practical difficulties in the way of a humane and at the same time an efficient care of the insane are very great, but not insurmountable; and it hardly admits of a question that this can best be done in a hospital where everything is arranged with special reference to providing for this class, rather than in a private house in the community at large, where the idea of meeting an insane person has still a suggestion of horror. Abuses are liable to occur everywhere, but are they more likely to be found in our public hospitals, where the insane are recognized and cared for as such, or in the private dwelling, where, too often, to be known to have an insane relative is regarded a disgrace; where they are kept secluded away from sight, almost from knowledge even,—not mentioned for years,—their very name cast out as evil? It is well for the public to guard against abuse in hospitals by all proper legislation; but after all, the integrity of character of the officers of an institution is the only safeguard for the insane. In the consciousness of this we shall not falter at the work before us, however the winds of popular favor may come or go. We can at least do good after our own fashion, while leaving to others to explain in how much better a way it might have been done; and to find reason coming back where there was only chaos, and out of the filthy rags the man "clothed, and in his right mind"—this shall be our consolation.

5. *Report of the Butler Hospital for the Insane: 1870.* Dr. JOHN W. SAWYER.

There were, at date of the last report, 154 patients in the hospital. Admitted since, 81. Total, 235. Discharged recovered, 34. Improved, 24. Unimproved, 74. Died, 12. Total, 140. Remaining under treatment, 95.

This is a smaller number than has been reported at any time since the first opening of the institution. It

has been brought about by the removal of the chronic pauper insane to the State Farm. The Doctor recommends numerous additions and alterations to be made, especially upon the wards for disturbed patients, and also thinks "it of the utmost importance that there should also be established, both in connection with the wards for excited patients, and in the quieter parts of the house, suits of rooms, where a dangerously sick or dying patient, could be freely visited by his friends without disturbance to the general routine of the household. Such rooms would relieve a want daily felt. No other change of equal cost would add more to our convenience, or the usefulness of the institution, or tend more to diminish the reluctance often felt at placing a friend in the hospital."

The need of rooms of this kind has been seriously felt in the asylum at Utica, and several years ago a like recommendation made to the Legislature of the State, by Dr. Gray. The rest of the report is largely filled with an account of improvements made in the buildings and upon the farm.

6. *Report of the Bloomingdale Asylum.* 1870. Dr. D. TILDEN BROWN.

There were, at date of last report, 161 patients. Admitted since, 153. Total, 314. Discharged recovered, 60. Improved, 44. Unimproved, 18. Died, 27. Total, 149. Remaining under treatment, 165.

7. *Annual Report of the New Jersey State Lunatic Asylum.* 1870. Dr. H. A. BUTTOLPH.

There were at date of last report, 567. Patients admitted since, 247. Total, 814. Discharged recovered, 68. Improved, 43. Unimproved 10. Escaped, 1. Died, 44. Total, 166. Remaining under treatment, 648.

The Doctor has still to note the unfortunately

crowded condition of the asylum, and again urges the erection of another State institution. Accompanying his report is one of a joint committee of the State Legislature, in which the necessity of another asylum is fully established, and an appropriation for its construction recommended. We sincerely hope no further delay may attend this enterprise, which seems to be so urgently demanded.

8. *Report of the Pennsylvania Hospital for the Insane.* 1870.
Dr. THOMAS S. KIRKBRIDE.

At date of last report there were 213 patients in the hospital. Admitted since, 261. Total, 574. Discharged cured, 94. Much improved, 11. Improved, 51. Stationary, 39. Died, 35. Total, 230.

The Doctor, as usual, presents a highly interesting and valuable report. He speaks highly of the advantages to his patients of the garden and pleasure grounds, work shops and mechanical department, and of the evening entertainments and gymnastic exercises. Upon the separation of the sexes, he gives his views at some length, advocating whenever practicable the erection of separate institutions for either sex, and invokes an experience of eleven years to sustain the practical working of the plan. He gives also his experience for the year, of the operation of the new law regarding the insane, to which reference was made in his last report.

During the year just ended, three cases have been before the courts for adjudication under the new law. Although it did not seem that there could be the slightest question in regard to the insanity of any one of them, collateral circumstances led to rather protracted proceedings in two, but the result was the same in all; the patients were unhesitatingly remanded to the care of the hospital by the learned judges, before whom the cases were tried. One of them served to illustrate some of the abuses liable to be perpetrated under this law, and which were emphatically alluded to by

Judge Paxson in the decision of the question brought before him. The practical point of most importance was, that while a judge had no choice but to issue a writ of habeas corpus, under the circumstances sworn to, no member of the bar was compelled to prosecute a case, unless previous investigation had satisfied him of the truthfulness of the allegations, and the propriety of the proceedings; and without which, great injustice might be done to individuals and families, and feelings, that ought always to be held sacred, needlessly wounded. In this connection I deem it proper to bear testimony to the courtesy extended to the officers of this hospital, by the members of the legal profession, in a very large majority of all the cases that have come before the courts in the last thirty years.

There is one class of cases about which, if carried to court, there is always a liability to an honest difference of opinion. There are patients whose convalescence has clearly begun, and who are just at that stage of it, where they have unbounded confidence that they are out of all danger,—where indeed, they do not realize the serious character of the malady, with which they have been suffering, and feel that there can be no possible risk in their return to their families and their ordinary pursuits. A few weeks later, in a large majority of these cases, they would have lost this extreme confidence, and in its place would have come a shade of depression, and a kind of distrust of the future, that would have effectually prevented all risk of their being anxious to leave prematurely. But if just at the time first noted, as not unfrequently happens, such a case goes before a judge, or more particularly, before any ordinary jury, something like this is likely to occur. Finding an individual apparently sane, and no obvious evidence of latent danger, it becomes difficult,—for any but those who have studied the case from its inception, or who have been taught, by sad experience, the danger there is in exposing any one just recovering from what is really a serious disease of the brain, to all the risks necessarily incident to such a change of circumstances,—to regard it as necessary to insist upon a further involuntary detention of one who seems so well, and the patient is discharged. It is, however, from this class,—those who leave a few weeks too soon,—that come not a few of the cases of relapse, and of the second admissions to institutions; and too frequently, also, the chronic cases, or at least, those that subsequently require a very long-continued course of treatment, before they again reach the same favorable condition. It is because the officers of institutions for the insane are unwilling

to assume the responsibility of such a course, that they often prefer that this question should be settled by the legal authorities, who, by a little wise delay, have often done incalculable service to patients.

To the question so often asked by persons not familiar with the facts, whether some people are not frequently restrained of their liberty in hospitals for the insane, by mistake or from improper motives, he replies at length, as follows :

Persons with entirely honest intentions are often found asking whether sane people are not frequently, either by mistake or from improper motives, placed in hospitals for the insane, and then restrained of their liberty, by those who have some selfish end to attain by such proceedings. Such a question as this, coming from an honest inquirer after truth, deserves to be answered, and, so far as Pennsylvania is concerned, unquestionably can be, and in a mode that must remove all rational grounds for uneasiness from those who may have entertained doubts on the subject. I believe I am able to speak positively of what has occurred in this institution during the thirty years it has been in operation, and in which period no less than 5,796 patients have been under its care; and I desire to place on record my testimony in regard to this inquiry. In all this long period, and in all this large number of patients, I have neither known any one whose mind was not diseased, or who was not recovering from an attack of insanity, and in a condition requiring this kind of care, to be restrained of his or her liberty, nor have I detected an inclination on the part of the friends of a patient to make such a use of the institution; which, it may be added, if attempted, could not have proved successful, and nowhere else would have been as soon detected and exposed. In regard to the State institutions at Harrisburg and Pittsburg, and the asylum at Frankford, I have the most undoubted authority for testifying to the same effect. I am well aware that many cases, regarded by some as doubtful, have been before the courts for adjudication, in regard to a further detention in an institution, but there has been no one of these, with which I am acquainted, in which experts could have had the slightest hesitation in regard to the original insanity of the patient; not one in which the subsequent results of the case did not justify their opinions; nor one, in which any judge, even when deciding the question of a further residence in the hos-

pital, against the opinion of its officers, ever intimated a doubt as to the insanity of the patient when admitted into the institution. In a single case only, was the question of insanity left unsettled, owing to the death of the individual before the conclusion of the investigation.

There are certain cases of intemperance often sent to hospitals by direct order of the courts, or by authority derived from the courts by their legal guardians, or in the usual mode, for their temporary protection, when unable to take care of themselves. Many of these, after a short stay, seem to have recovered their natural state of mind, and are retained only as required in the original order of court, "until discharged by due process of law." A difference of opinion may exist in regard to how much of this kind of mental trouble is real insanity, or whether it is merely a temporary effect from the habit alluded to. Intemperance is sometimes a disease, and sometimes it is only an effect of insanity,—a symptom of a disease. While many physicians have no hesitation in regarding all these cases as genuine insanity, there are some in which the officers of this hospital might entertain a different opinion, and on this account all such, although coming here under legal process, are excluded from the statement on a preceding page. Many persons, too,—dreading an attack of insanity, or suffering from the incipient stage of it, or from a general disordered condition of the nervous system,—ask to have the benefits of the hospital, but they come to it as they would go elsewhere for medical advice, and as they would enter an ordinary boarding-house; and they leave it whenever it is their pleasure to do so; so that they can hardly be regarded as the ordinary insane, nor can they in any sense be said to be restrained of their liberty. With these explanations, there are no qualifications to be made to the statement that, after the most careful inquiry, I believe there is no ground for the belief that any sane person has ever been admitted into, and restrained of his liberty, in any Pennsylvania institution intended for the care and treatment of the insane.

There may be exceptions, but I believe it to be safe to say, that in nearly all the cases considered doubtful or reported as not insane, that have been before the courts in this country,—where they have been carefully followed up for any long period,—the opinions of experts have been fully justified by subsequent events. In some of the most conspicuous of these, there have been found a continued development of organic disease, as verified by examinations after death; attacks of paralysis, proving the tendency to brain

disorder; the commission of acts of violence, requiring the interference of the civil authorities; the verdicts of new commissions of lunacy; the loss of life by suicide; or such a course of living as formed a continual source of fear to their families, or required the protection of legal guardians for the preservation of both the persons and property of the patients.

The report concludes with a summary of the operations of the institution for the past thirty years, and its present needs.

9. *Report of the State Lunatic Hospital.* 1870. Dr. JOHN CURWEN.

There were at date of last report 410 patients in the Hospital. Admitted since, 168. Total, 578. Discharged recovered, 30. Improved, 39. Stationary, 36. Died, 39. Total, 144. Remaining under treatment, 434.

In addition to the usual statistical matter, the Doctor again calls attention to the great defect of the institution in the want of proper means of ventilation, and asks the appropriation of \$50,000, which was so forcibly urged in his last report for that purpose. As this is a matter of such vital importance to the health and comfort of all the occupants of a hospital, and as the system of forced ventilation is no longer an experiment in this country, but a realized fact, it is strange the work should be delayed longer; especially as in Dr. Kirkbride's institution, in the same State, it is in practical operation.

10. *Annual Report of the Western Pennsylvania Asylum.* 1870. Dr. J. A. REID.

There were at date of last report 334 patients in the hospital. Admitted since, 228. Total, 562. Discharged restored, 60. Improved, 47. Unimproved, 16. Died, 38. Total, 161. Remaining under treatment, 401.

The institution is much overcrowded, and relief is sought in a proposed enactment giving the officers power to refuse admission to cases of more than a year's duration. This we look upon as an unwise recommendation, and one which we trust the Legislature will not carry out. If the institution is insufficient for the wants of the territorial district, it should be enlarged to a proper capacity as proposed, and then other institutions erected as may be required from time to time. Any other course is inconsistent with, if not in violation of the action of the Association: "That every State should make suitable and ample provision for all its insane," and that chronicity should not be made a distinctive feature in the treatment of the insane.

11. *Third Report of the Commissioners of the Hospital for the Insane of the Northern District of Pennsylvania.* 1870.

They report that "the wings extending north and south from the centre building, are under roof: that the transverse sections at the end of these wings, and parallel with the centre building, will be ready for the roof in the course of a few weeks." They request an appropriation to enable them to complete the whole structure in accordance with the original design, on the ground of the necessity for additional accommodations for the insane, and the greater economy in doing the active work at once.

12. *Fifty-third Annual Report of the Asylum for the Relief of Persons Deprived of the Use of their Reason.* 1870. Dr. J. H. WORTHINGTON.

There were at date of last report 52 patients in the asylum. Admitted since, 33. Total, 85. Discharged recovered, 14. Much improved, 1. Improved, 4. Stationary, 6. Died, 5. Total, 30. Remaining under treatment, 55.

Much attention has been paid to furnishing suitable occupation and amusements for the patients. Some improvements in the buildings and grounds are reported, and every effort compatible with its financial condition is being made to render the asylum beneficial and attractive in the highest degree to the patients under its care.

13. *Fifteenth Annual Report of the Government Hospital for the Insane.* 1870. Dr. CHAS. H. NICHOLS.

There were at date of last report, 369 patients in the hospital; admitted since, 180. Total, 549. Discharged recovered, 41; improved, 22; unimproved, 14; died, 18. Total, 95. Remaining under treatment, 454.

Dr. Nichols reports that favorable contracts have been made, and hopes the new wing for which an appropriation has been made by Congress, would be under cover by the close of the year.

This, Dr. Nichols states, is greatly needed, as now the day rooms are used as dormitories, and two, and sometimes three patients occupy rooms intended for but one person.

The death rate was last year unusually small, only three and one-half per cent. of the patients under treatment.

14. *Report of the Eastern Lunatic Asylum of Virginia.* 1870. Dr. D. R. BROWER.

There were at date of last report, 200 patients in the asylum; admitted since, 73. Total, 273. Discharged, 25; Transferred, 30; eloped, 2; died, 7. Total, 64. Remaining under treatment, 209.

The last report gave an account of numerous repairs and improvements. These have been continued. The whole of the wing for women has been remodelled, giving increased accommodations and comfort in the improved

ventilation, and in the removal of the cheerless and prison-like appearance of the structure. An addition of 170 acres has been made to the farm, which is considered an important acquisition. The Doctor now urges an appropriation for increasing the capacity of the institution for 100 more patients. Thirty of the colored insane were transferred to Richmond.

15. *Report of the Western Lunatic Asylum of Virginia.* 1870.
Dr. FRANCIS T. STRIBLING.

There were at date of last report 324 patients in the asylum. Admitted since, 59. Total, 383. Discharged recovered, 26. Much improved, 4. Improved, 1. Unimproved, 3. Eloped, 1. Died, 13. Total, 48. Remaining under treatment, 335.

Applications for admission has been made for 208 patients; of these 59 have been received, and 149 have been denied admission for the lack of accommodations. In view of these facts, it is recommended that the Legislature or the Governor appoint a commission to be intrusted with the following duties: To ascertain the number of insane in the State; the probable number requiring hospital accommodation; the number now provided for; the expediency of enlarging the Eastern or Western Asylum, or both, or locating another asylum and estimating its probable cost. It is to be hoped these suggestions will be appreciated and promptly acted upon.

16. *Report of the Insane Asylum of North Carolina.* 1870.
Dr. EUGENE GRISSOM.

There were at date of last report 225 patients in the asylum. Admitted since, 28. Total, 253. Discharged recovered, 6. Improved, 4. Unimproved, 2. Died, 9. Total, 21. Remaining under treatment, 232.

There are on file 222 applications for admissions, and

the institution is already filled. Many of them are acute cases, and might, by timely treatment, be restored. The position of this unfortunately large class is sad and gloomy, and may well call forth the sympathy and earnest effort of the public to ameliorate their condition.

17. *Report of the Lunatic Asylum of South Carolina.* 1870.
Dr. J. F. ENSOR.

There were at date of last report 232 patients in the institution. Admitted since, 90. Total, 322. Discharged recovered, 26. Removed, 16. Eloped, 4. Died, 31. Total, 77. Remaining under treatment, 245.

Besides the tables of statistics, the report is mostly taken up in setting forth the present unfortunate condition of the institution :

The greatest drawback to our asylum is, that we are still required to occupy the old building, erected in 1822, and which is, in no single thing, adapted to the purposes for which it is used—not even one feature about it to recommend it for occupancy as a hospital.

No greater blunder was ever made in architecture than the plan upon which this gloomy, incongruous pile was erected. If it was the builder's object to rear a habitable structure with the least possible adaptation for the purposes of an asylum, he certainly succeeded well; and it is a little surprising, when we consider the age in which we live, and the great interest that has been taken in the subject of providing proper buildings for the treatment of the insane by the best and ablest of men all over the world for the last twenty-five years, and the vast improvements that have been made almost everywhere in these institutions, that the proud State of South Carolina did not long ago wake up to the spirit of the age, and supersede this old foggy concern by an establishment that she could look upon with pride and satisfaction.

It is true that something was done in this direction, and a part of one wing of a new edifice built; but there the work stopped, and we are still required to occupy the old building, which I have no hesitation in pronouncing a shame upon the humanity of the age. This building never had, and never can have, a comfort in it. The rooms, the most of them, are mere cells or chinks in the walls,

dark and ill-ventilated, and those on the ground floor so damp and unhealthy that it would be, to say the least, the grossest inhumanity to require the patients to occupy them. There are no water-closets, or what is equivalent to none. The conveniences for bathing are disgracefully poor. The stairways are narrow, mere crevices, and inconvenient in the extreme. There are no facilities for classifying the patients, no clinical ward, no library, no reading-room, no amusement-hall, and no part of the building suitable for a chapel.

In a supplemental report to Gov. Scott, by the superintendent, we learn of the financial condition of the asylum. The various counties of the State are in arrears to the institution about thirty thousand dollars:

We have not the means to purchase such articles of diet as are necessary for the sick, as oysters, chicken, eggs, jellies, fruit and the like, for which we must pay cash or go without them. The merchants who have been furnishing provisions, clothing, bedding, shoes, fuel, &c., the common necessities of life, cannot carry the institution on their books much longer. Even now I am informed by the steward there is but one merchant in the city who is willing to credit us further, and we already owe him over eight thousand dollars. Suppose he should close his doors against us to-morrow, what would be our condition, what our alternative? Our merchants would not hesitate to credit us if they were sure of getting their money in any reasonable time, but this they cannot expect through moneys due from the several counties to the institution. A large portion of our indebtedness to merchants is of from one to two years' standing.

Besides our indebtedness for supplies, there are nearly four thousand dollars due the attendants and other employes, and they are in great need of money. Many of them have not been paid for over a year, and several have due them over two years' pay. They all have themselves to clothe, and some of them have families, and no other means but the salary due them here. If that fails them, their situation will be pitiable indeed; besides, we cannot expect to retain the services of good attendants unless we pay them promptly, and thus injury is done the institution.

It is to be hoped that action has been taken by the Legislature to meet the necessities of the asylum, so

forcibly portrayed; to carry out the liberal and enlightened policy proposed, which would be in consonance with the spirit of the Constitution of the State of South Carolina, which declares that, "institutions for the benefit of the insane, blind, deaf, dumb and the poor shall always be fostered by this State."

18. *Annual Report of the Mississippi State Lunatic Asylum.*
1870. DR. WILLIAM M. COMPTON.

This report is for the six months from May to December, 1870. There were in May, 154 patients in the asylum. Admitted since, 31. Total, 185. Discharged recovered, 18. Unimproved, 2. Eloped, 1. Not insane, 1. Died, 3. Total, 25. Remaining under treatment, Dec. 1, 1870, 160.

Dr. Compton presents to us in this, his first report, a history of the institution from its earliest inception to the present time. It is imperfect from the fact that many of the reports of the different superintendents were presented to the Legislature in manuscript, and never printed. These have disappeared, and could not be consulted. He gives an interesting account of the difficulties attending the erection of the buildings; of the laborious and unremitting efforts of the friends of the institution in its behalf; of the difficulties experienced in the workings of the asylum during the war, from the lack of suitable help, from the presence at various periods, of portions of both armies, from the depreciation of State warrants, and from the high price of medicines, and at times the impossibility of obtaining them.

19. *Ninth Biennial Report of the Missouri State Lunatic Asylum.* 1869, 1870. DR. C. H. HUGHES.

There were in the asylum, Nov. 30, 1868, 368 patients. Admitted since, 298. Total, 666. Discharged

recovered, 91. Improved, 60. Unimproved, 129. Died, 74. Total, 363. Remaining under treatment, 303.

The Doctor's report is voluminous, and treats of various topics relating to the practical operations of the institution, and to the interests and treatment of the insane. In common with many of the superintendents he speaks in high terms of the comparatively new hypnotic, hydrate of chloral—especially "as a calmative of cerebral excitement, and a sure promoter of sleep." To prolong the sedative impression, he frequently combines it with bromide of potassium. Among other recommendations to the Legislature we note one, which at this time seems to be attracting considerable attention, viz.: the erection of an infirmary "detached from the main building, for separating cases of serious bodily disease for special medication and nursing, and in time of epidemics, for isolating the infectious and contagious."

20. *Annual Report of the St. Louis County Asylum.* 1870. Dr. CHARLES W. STEVENS.

There were at date of last report 128 patients in the asylum. Admitted since, 166. Total, 294. Discharged recovered, 30. Improved, 15. Unimproved, 26. Died, 7. Total 78. Remaining under treatment, 216.

This asylum seems to have been unfortunately located, as regards the water supply; an essential of vital importance to an institution of this character. To meet the demand, an artesian well was sunk to the depth of 3,843.5 feet, but the water was so impregnated with salt and other impurities as to be wholly valueless for the uses of an asylum. This is the deepest well ever bored. A supply for sanitary purposes, entirely inadequate, has been procured by putting a dam across a ravine, and collecting the surface drainage. This want is

proposed to be met by extending the city water distribution a distance of two miles. The building is lighted by coal-oil lamps. The experiment of lighting with gasoline was an entire failure, and the apparatus has been removed. The difficulty experienced was that at a low temperature the vapor was converted into a fluid, and in this state ejected from the burners. Gas is much needed in the institution, and it is hoped may, before long, be introduced by the extension of the city pipes. We record these failures as matters of experience, and for the instruction they convey.

21. *Sixteenth Annual Report of the Northern Ohio Lunatic Asylum.* 1870. Dr. J. M. LEWIS.

There were at date of last report 316 patients in the asylum. Admitted since, 193. Total, 509. Discharged recovered, 103. Improved, 30. Unimproved, 23. Died, 23. Total, 179. Remaining under treatment, 328.

The great and often irreparable injury done to patients by their premature removal, and the moral and medical treatment in the institution, are the subjects of a general character which have this year received attention. The institution is more than usually crowded with patients, and still many applications are refused. A convalescent ward has been fitted up for women, and one is in preparation for the men. The bath rooms and water closets have been renovated, and are now arranged to promote the health and convenience of the patients. The Doctor earnestly recommends the erection "of a cottage hospital detached from the asylum, where those laboring under contagious diseases can be treated without danger to the other inmates of the institution." He also sets forth the need of additional kitchen room, a new bakery, more extensive barn and stable room, and of a number of airing courts for the use of patients.

22. *Thirty-second Annual Report of the Central Ohio Lunatic Asylum.* 1870. Dr. WILLIAM L. PECK.

The last report of this asylum gave a record of the progress made toward the erection of a new building upon the former location. This was afterward abandoned, and the contracts cancelled. A new and much more eligible site was chosen, and new contracts entered upon. On the fourth of July last the corner-stone was laid with appropriate ceremonies, under the auspices of the Masonic fraternity. The new location is the Sullivant farm, situated two miles from the city of Columbus. "The selection of this place for the purpose to which it is now dedicated, whether considered with reference to convenience to the city of Columbus, and visitors generally, or the natural beauty of the situation, is most fortunate." Of the present progress of the work, the superintendent, Dr. Peck says, "*all*" the foundations included in the first contract are completed. This includes the wall of the centre building, the amusement-hall building, and four sections of wings, with their connections. Many of the division-walls are also laid. It is the design of the building committee to have a considerable portion of the structure under roof by December, 1871.

23. *Eleventh Annual Report of the Longview Asylum.* 1870. Dr. O. M. LANGDON.

There were at date of last report 511 patients in the asylum. Admitted since, 243. Total, 784. Discharged recovered, 165. Improved, 9. Eloped, 4. Died, 62. Total, 240. Remaining under treatment, 544.

The asylum now contains a number of patients nearly double its proper capacity. There has been much sickness among both patients and employès. Malarious diseases have largely prevailed, owing to two causes, both

of which seem readily preventable. One, is the drawing off the water from the canal in midsummer for cleaning and repairing; the second, the imperfect attempt to drain a large pond in proximity to the asylum, which was densely covered with luxuriant vegetation. This, from its decay, proved an abundant source of miasm, and impregnated the atmosphere with its deleterious and health-destroying influence. The Doctor again calls attention to the injury often done by serving legal papers upon the insane, without regard to the condition of the patients, and recommends the passage of a law requiring their service upon the superintendent, as the legal guardian of the patient. He again urges the necessity of the erection of a State inebriate asylum,—and of the creation of the office of Commissioner of Lunacy.

24. *Report of the Michigan Asylum for the Insane, 1869, 1870.*
Dr. E. H. VAN DEUSEN.

There were at date of last report, December, 1868, 229 patients in the asylum. Admitted since, 314. Total, 543. Discharged recovered, 94. Improved, 35. Unimproved, 63. Died, 46. Total, 238. Remaining under treatment, 305.

The question of future provision for the insane, has been made the subject of an extensive and interesting report by the trustees. As a basis of action they present the resolutions of "The Association of Medical Superintendents of American Institutions for the Insane," upon the construction and organization of hospitals for the insane. In the application of these general principles to the present condition of the State, and its dependent insane, several important points are presented for consideration. The conclusions reached are as follows:

First. It is evident that this extension of provision should be made by the State. *Second.* The provision should be comprehensive. *Third.* Location. Experience has demonstrated that the administration of such an establishment as this can be extended to five or six hundred patients; this extension can therefore be made at and in connection with this institution.

Fourth. A very careful examination of the whole subject in all its bearings leads us to advise the erection of a single building, with apartments for two hundred and fifty male patients, eventually using the present structure for females only. No central edifice for officers, offices, etc., will be required, and such a building can be erected at less expense than distinct structures, and will cost much less for maintenance, supervision, warming, and repairs. This arrangement will also be more satisfactory to those interested in the patients, and will greatly promote the comfort and restoration of the inmates. Every portion will provide proper facilities for curative treatment, and the prospective requirements of the State will be much more fully met than by two or more detached buildings. All classes of the insane will be equally and similarly provided for, and all will bear the same relations to the institution. This arrangement will also relieve the asylum from embarrassing comment and criticism, should it present two distinct apartments acknowledged to vary in character.

Some of the more evident advantages of such an erection are stated.

In regard to the treatment of the chronic insane in small cottages, under the care of families selected as their guardians, they say:

There are a few who have suggested that the chronic insane be provided for in small cottages erected for the purpose, under the care of families selected as their guardians. The success of the celebrated colony at Gheel would naturally lead the uninformed to favor the scheme, but its entire inadaptability to this country is very obvious. Indeed, the care of the insane in the poor-houses of the smaller counties, where there are but few inmates, fairly represents the system. About twelve years ago the poor-house of Cal-

houn county was visited by a distinguished philanthropist. It was admirably conducted, the number of inmates was sufficiently limited not to destroy its domestic character, and under the care of its excellent keeper and his efficient wife they were so comfortable as to elicit special commendation, but the condition of the three insane persons confined there was as wretched as it could well be. There is something very attractive in the idea of domestic care and treatment; still, fully nine-tenths of the large number of chronic insane received here during the last biennial period had been inmates of pleasant homes, with excellent medical care, and every comfort and attention which affection could suggest, and all with the special view of avoiding the necessity of removal elsewhere.

Dr. Van Deusen, explains at some length the tables presented in his report, especially those relating to the classifications of the various forms of mental derangement. The Doctor's remarks upon the importance of amusements and recreation, as a means of treatment of the insane, are eminently judicious. He specifies certain classes of cases in which all efforts made to ameliorate the general condition, and render asylum life pleasant and comfortable, are not only unsuccessful, but misconstrued into insult and abuse by the patient. In these cases,

So intense is the morbid irritability, so complete the perversion of natural feeling and sentiment, so powerful the delusions, so overwhelming the distrust and suspicion of the patient, and so firmly established the pathological changes, that no prescription will relieve, and no effort, however persevering and well directed, will avail. By these, every remark and every courteous greeting is deemed a studied insult, every suggestion, however kindly made, is part of a pervading scheme to inflict personal injury; a considerate reference to home is viewed as a taunt, and if a neighbor calls with friendly greetings, it is sure to be associated with some sinister purpose.

This most unhappy condition often follows the period of depression, in certain cases of melancholia, especially those induced by excesses, though it may accompany any form of the disease long

neglected. It occasionally succeeds a premature discharge and a return home before convalescence is established, leading to the formation of strong personal aversions and sometimes effecting in the individual an entire change of his previous political, church, and social relations. When admitted, these patients usually come with intensely bitter feelings towards their friends; and, when discharged, even with a tolerable measure of health, all their associations are so distressing, and their whole nature is so soured, that kindly regard and pleasant remembrance are impossible.

25. *Twenty-Second Annual Report of the Indiana Hospital for the Insane.* 1870. DR. ORPHEUS EVERTS.

There were at date of last report, 387 patients in the hospital. Admitted since, 405. Discharged recovered, 187. Improved, 19. Unimproved, 59. Not insane, 1. Died, 51. Total, 317. Remaining under treatment, 475.

During the year a new wing has been added to the hospital, which has increased its capacity 200 beds. This has led to the abandonment, on the men's side, of the old basement wards, which "for many years have been recognized as unfit for the purpose contemplated, and condemned by high considerations of science and humanity." Dr. Everts now recommends the same improvement in the women's wings. The separate provision, in buildings erected for the purpose of the incurable insane, meets with no favor in the opinion of the Doctor. He indorses the view entertained by the Association upon this subject. His remarks upon the question, is insanity increasing? we quote:

The question is often asked, "Is insanity increasing as a disease?" From the best information which we have on this subject, we can safely answer that there is not a material increase of the disease in this country, unaccounted for by the increase of population, and the character of immigration which is filling up our State.

The appearance of increase which attracts attention everywhere is attributable to the growing interest manifested in the care and treatment of the insane, by philanthropists and scientific men,

having demonstrated the curability of a large proportion of attacks, the interest of governments building large and imposing structures for the benefit of their insane citizens, the marked result of treatment in hospitals and asylums as compared with private care; and the rapid diffusion of information by the telegraph and daily press, bringing a knowledge of the existence of so many cases to every business man; and not to an increase in reality of the malady.

We also give an extract from the report upon Hospital Reputation :

In memory of the Bedlams of fifty years ago, and the horrors of even more modern "Madhouse" treatment, the public mind is still exceedingly sensitive to, and credulous of, evil reports respecting the conduct of these peculiar institutions.

Yet there is evidence of great advancement in this respect, corresponding in some degree with the progress made toward a more and more humane and successful treatment of the insane in every respectable asylum or hospital in this land.

There is room still and demand for improvement in this direction, for while there are no public institutions that are more fairly entitled to an intelligent and grateful appreciation, and a generous sympathy from the public, there are none which are looked upon so suspiciously or so exactingly as these.

To remedy this error, which amounts to an evil, the public mind should be more thoroughly instructed respecting the conduct of insane hospitals, their powers, responsibilities, necessities, and uses. Under what endless and painful embarrassments and difficulties they are managed—just what may be fairly anticipated, and what actually transpires as a rule; and what accidents and incidents are likely to occur under the most favorable circumstances, should be more generally and more comprehensively understood.

Left as these institutions have been, to struggle up against the prejudices of the past, perpetuated in a vicious literature of the present; against the exaggerated and insane reports of partially restored lunatics, prematurely discharged for want of room, or by the interference of ignorant or ill-advised friends; against the malicious falsehoods of dismissed employes, seeking to avenge themselves (a course of procedure not unnatural or unexpected of a large class of persons, who seek employment in these institutions as a refuge from out-door labor or from public observation,) nothing

short of marked and increasingly beneficent results could have placed them upon the foundation which they now occupy in the estimation of the wise and the humane. Yet, it seems to me, that this struggle should now cease, and the simple truth respecting them be known and recognized. It should not be expected that a house like this, with five hundred inmates, not one of whom is amenable to the ordinary rules of social life, who have to be governed and controlled for their own welfare—often by extraordinary methods—can or ought to be conducted like a public boarding-house, for rational and intelligent people, or even as a hospital for other and more ordinary diseases. The character of the class of persons employed, and the large number required in the conduct of such an establishment, being such, and only such, as a rule, as low wages for exceedingly disagreeable and onerous duties will command, should also be considered; and the fact that many things transpire in every hospital for the insane (as also occur in private families where insane persons are kept, if the friends could but remember them,) which differ essentially from ordinary procedures in the treatment of any other class of patients, or of persons, should not be a matter of surprise, or of ungenerous criticism, much less of sensational and censorious animadversion.

At the same time it should be known, and is here confidently asserted, that, as a rule, whatever exceptional accidents may and do occur, life in an insane hospital, as usually conducted in this country at the present time, is of incalculable benefit to a large majority of those who are consigned to its keeping, affording the highest possible degree of protection to the patients themselves, and the most reliable promise of improvement or cure now or ever known.

It should be recognized, and may be believed beyond peradventure, that, as a rule, the insane in our public hospitals are better cared for, more patiently and uniformly treated with kindness, and their wants more fully supplied than can be effected at their homes under the circumstances and surroundings which ordinarily attach to them.

In this connection I may be indulged also in the remark that a little sound practical instruction on the subject of insanity itself would be a valuable contribution to useful knowledge, in which a portion of the medical profession might participate with great advantage to themselves and to the community. Such instruction, at least, as would enable persons of ordinary intelligence and common school education to recognize the fact that there may be and

is such a state of mental derangement as should be regarded and treated as insanity, afflicting persons who need not necessarily be "raving and distracted," or totally incoherent in language or ideas. Such knowledge would contribute to an earlier recognition of the malady in many important cases, and insure an earlier and more timely treatment of the disease, with a correspondingly large increase in the ratio of cures.

It would also enable juries to dignify the plea of insanity by rendering intelligent and just verdicts in causes where it is instituted, instead of debasing it, as is now the practice, by using it as a pretext for acquitting a class of criminals whom public sentiment exonerates from the extreme penalty of the laws, who are not insane; and disregarding it in other instances in a more disgraceful obedience to a demand for execution of unfortunate and irresponsible human beings, although pronounced insane beyond a doubt by the most competent experts.

The Hally pumps for supplying the hospital with water, are in use, and are giving perfect satisfaction. "The works are to us invaluable; we could not do without them."

26. *Report of the Illinois State Hospital for the Insane.* 1870.
Dr. HENRY F. CARRILL.

There were in the hospital, December, 1868, 406 patients. Admitted since, 708. Total, 1,114. Discharged recovered, 210. Improved, 194. Unimproved, 158. Eloped, 22. Died, 78. Total, 662. Remaining under treatment, December, 1870, 452.

In July last, Dr. H. F. Carrill, of the New Jersey State Hospital, entered upon his duties as superintendent. Years of labor and experience as an assistant to Dr. Buttolph, rendered him qualified in an eminent degree for the position. He entered upon his work with a spirit and an earnestness which insured his future success. His time has been principally devoted to internal improvements. The proper ventilation of the hospital, in accordance with the most recent and ad-

vanced views of the subject, has been completed. The attention of the Legislature is called to many improvements and repairs urgently needed to promote the efficiency of the institution as a hospital, and the comfort of the patients, and an appropriation asked.

27. *Annual Report of the Hospital for the Insane of the State of Wisconsin.* 1870. Dr. ALEXANDER McDILL.

There were at date of last report 364 patients in the asylum. Admitted since, 168. Total, 532. Discharged recovered, 53. Improved, 41. Unimproved, 46. Died, 32. Total, 172. Remaining under treatment, 360.

Dr. McDill has this year, the tenth of the existence of the institution, given a history of legislative provision for the insane of Wisconsin, and of the erection of the present hospital. He also presents the wants of the institution, and recounts the improvements of the past year. Among them we note the expenditure of \$1,011 for a Turkish bath. This, to our knowledge, is the first and only one connected with an asylum for the insane. We shall look with some interest for the Doctor's experience in its use for the year, in his next report.

28. *Fourth Annual Report of the Minnesota Hospital for the Insane.* 1870. Dr. CYRUS K. BARTLETT.

There were at date of last report 161. Admitted since, 143. Total, 304. Discharged recovered, 51. Improved, 21. Unimproved, 1. Died, 25. Total, 98. Remaining under treatment, 206.

Early in the year the new hospital building, with its necessary out-buildings, was so far completed that 91 of the male patients were able to occupy it. Their condition was greatly improved by the change. One patient was received with the small pox; but efforts to prevent the spread of the disease were immediately entered upon. Thirty of variola and varioloid occurred.

Then four fatal cases. Thorough fumigations with coal tar were daily practiced, and were considered the best disinfectants for the poisonous effluvia. None of the attendants resigned or shrank from duty. The Doctor closes his report with remarks upon the physical theory and medical treatment of the disease, and an appeal to the State upon the demand for increased provision for the insane.

29 *Report of the Insane Asylum of Oregon.* 1870. Dr. J. C. HAWTHORNE.

At date of last report there were 91 patients in the hospital. Admitted since, 92. Total, 183. Discharged recovered, 32. Improved, 7. Unimproved, 14. Escaped, 4. Died, 17. Transferred, 1. Total, 61. Remaining under treatment, 122.

30. *Sixth Annual Report of the Asylum for the Insane of the State of Kansas.* 1870. Dr. C. O. GANSE.

There were remaining at date of last report 31 patients. Admitted since, 62. Total, 93. Discharged recovered, 38. Improved, 8. Unimproved, 3. Eloped, 1. Died, 2. Total, 52. Remaining under treatment, 41.

This young State has the same difficulties to contend with that are experienced by the older States, viz.: the demand for greatly increased accommodations, and the accommodation of the chronic insane. Proper direction is however given to their efforts, and the care of all its beneficiaries in a thoroughly appointed hospital is urgently recommended by the superintendent and trustees.

Books and pamphlets received :

Insanity in Women.—STORER. Published by Lee & Shepard. Boston, 1871.

In the preface to this book, Dr. Storer states :

“The following pages were communicated to the American Medical Association in 1865, at its session in Boston, and were printed in its transactions for that year.”

It is largely made up of extracts and comments, and contains nothing new.

It is well known that for a long time Dr. Storer has put himself forward as a Gynæcologist in general, and also in reference to hospitals for the insane.

The book is copious in assertions that the medical officers in charge of such hospitals know little or nothing in reference to the diseases of women ; or, if they do, they ignore the principles of treatment ; and he seems to base the inference mainly on the fact that hospitals do not employ, advocate, or encourage *special Gynæcologists* as an examining or consulting staff. He instances only four institutions (page 204) in which evidence has been furnished to *him* that such consultation has been resorted to.

It does not seem to have occurred to Dr. Storer that the fact of a practice so natural and general, not having been communicated to *him*, was no evidence, one way or another, on the subject of the treatment of insane women.

In regard to the Utica asylum, he says, (pp. 204-5 :)

In the case of the Utica Asylum, from which one of the implications alluded to has come, I can only say that this is only one of quite a number of asylums that I have had opportunity, officially, carefully to examine ; that my visit to it was in September, 1863 ; that in the absence of Dr. Gray, the Superintendent, I was most courteously received by his very intelligent assistant physician,

who freely and fully informed me concerning all points that I raised, which were chiefly with reference to the medical treatment of the female patients; that from what I was told, I have no reason to suppose that special treatment was thought necessary at that asylum for the so common special diseases of women, whether occurring as cause of the insanity, or concomitant, and that I had very good reason, on the contrary, to believe that such was seldom or never resorted to at the present time.

The writer of this notice recalls this visit, as he accompanied Dr. Storer through the wards. Dr. Storer spent but a few hours in the asylum, and instead of designating such a visit as a "careful examination," we should, and did at the time, characterize it as hasty and superficial. Our recollections, and the statement here quoted, are entirely at variance: while not desiring to raise any question of veracity, we must protest against such unfounded charges and assertions, made on so superficial an examination as that of Dr. Storer.

Staten Island Improvement Commission: a Letter Introductory; a Letter on certain Sanitary Conditions. MESSRS. HARRIS, TROWBRIDGE & RICHARDSON.

This letter is written in the form of questions and answers, and contains in a very concise form a resumé of all the well established facts concerning the circumstances favorable to the production of malaria, and the means to be adopted to eradicate the evil. The necessity for thorough and complete drainage is strongly urged, and its utility fully proved by the citation of numerous instances where it has been successfully used. The geological formation of the island has been carefully noted, and many highly interesting facts stated. It is a valuable addition to medical science, and may well serve as a model to future commissioners who have to deal with this difficult problem in climatology

Report of a Committee of the Council Appointed to Investigate certain Charges against the Trustees and Officers of the Northampton Lunatic Hospital.

The charges made were substantially that a patient had been admitted to the hospital under some technical informalities: That he was not insane when committed: That he was neglected and abused while in the hospital. Under the first charge, the committee recommend a literal compliance with the statute regulating the admission of patients. Upon the second charge, they report that they have no doubt of the insanity of the patient "before his arrival at Northampton, and during the whole period that he remained there." Upon the third charge, they report that "no abuse or neglect" of the patient "has been shown by the evidence." They close with gratifying expressions of their confidence in the skill and ability displayed by Dr. Earle and his assistant officers in conducting the affairs of the institution. We believe that could the numerous charges of imprisonment of sane people and abuse of patients, so frequently made against kindred institutions, be as thoroughly and impartially investigated, they would, in most instances, prove equally groundless.

Aphasia; or Loss of Speech in Cerebral Disease. By FREDERIC BATEMAN, M. D., M. R. C. P. 1869.

This is a reprint, in the form of an essay, of several articles which have appeared from time to time in the *Journal of Mental Science*. The author modestly states, "If I have failed to contribute anything towards bridging the chasm which separates matter from mind, my researches will, at all events, tend to show how little we really know about that wonderful piece of mechanism—the human brain." We have only space for the conclusions reached by the author:

1. That, although something may be said in favor of each of the popular theories of the localization of speech, still so many exceptions to each of them have been recorded, that they will none of them bear the test of a disinterested and impartial scrutiny.

2. That I by no means consider it proved that there is a cerebral centre for speech at all, and I would venture to suggest that speech, like the soul, may be something, the comprehension of which is beyond the limits of our finite minds.

Vaccination and its Protective Power in the State of West Virginia. Report to the Governor, November 8, 1870. JOHN C. HUPP, M. D.

The experience of Dr. Hupp fully confirms his belief in the protective power of vaccination, and of its importance as a prophylactic against small pox, and its sequelæ. He strongly advocates the importance of re-vaccination, wherever the original vaccination was incomplete, or its power is "worn out" by lapse of time, or subsequent changes in the system.

Transactions of the American Ophthalmological Society. Seventh Annual Meeting. July, 1870. pp. 150.

This is as usual well supplied with matters of interest to the general profession, as well as to those practicing this specialty. It contains valuable papers upon the therapeutics and surgery applicable to many diseased conditions of the eye, together with a record of cases successfully treated.

Insanity and its Treatment. By G. FIELDING BLANDFORD, M. D. Philadelphia: Henry C. Lea. 1871.

We are glad to welcome this treatise, and commend it, not only to medical men in general and those of our specialty, but to the members of the legal profession, as a book which cannot fail to be alike useful to all. In our next issue, we propose to examine carefully the contents of Dr. Blandford's book.

General Nervous Commotion Caused by a Wounded Eye. By CHARLES A. ROBERTSON, A. M., M. D., of Albany. Reprinted from the above.

Report on Ophthalmology. By HENRY D. NOYES, M. D., of New York. Reprinted from the New York Medical Journal, February, 1871.

Description of a New York Gentleman's Dwelling House. From the St. Louis Republican, April 17, 1870.

Comments of the Medical Press on the alleged Malpractice Suit of Walsh vs. Sayre.

Proceedings of the Convention for the Re-organization of the Medical Society of the State of California, and of the First Annual Meeting. Incorporated Nov. 1, 1870.

The Brooklyn City Hospital, 1870, with Trustees and Officers for 1871.

Twenty-fourth Annual Report of the Indiana Institute for the Education of the Blind.

Second Annual Report of the New York State Institution for the Blind.

Seventh Annual Report of the Commissioners of the Alms House of the city of Poughkeepsie. 1870.

Report of the Board of State Commissioners of Public Charities of the State of New York, relating to the Insane, and the capacity and cost of the several State Insane Asylums. 1871.

Quarterly Summary of the Transactions of the College of Physicians of Philadelphia. From Oct. 1869, to May, 1870.

Annual Report of the Secretary of the Interior: Showing the Operations of the Department for the year. 1870. Washington.

The People against Daniel McFarland: Law Points Ruled. New York, 1870.

Transactions of the Twentieth Anniversary Meeting of the Illinois State Medical Society. May, 1870.

Ectropium, Exophthalmos, Extirpation Plastic Operation. HENRY D. NOYES, M. D.

Cornell University Register. 1870, 1871.

American Association for the Cure of Inebriates. Proceedings of the first Meeting held in New York, November 29 and 30, 1870.

Epilepsy in its Medico-legal Relations to the Case of Max Klingler. J. K. BAUDY, M. D. Reprinted from the *St. Louis Medical and Surgical Journal*. 1870.

First Annual Report of the Trustees of the New York Dispensary for Diseases of the Skin. 1871.

Rivista di Discipline Carcerarie in relazione con l' antropologia, col diretto penale, conta statistica, ecc. Diretta da Marino Beltrani Scalia, Ispettore delle carceri del Regno, presso il Ministero dell' Interno, e Bulletino Ufficiale della Direzione generale della carceri. Anno primo, Firenze. 1871.

Foreign Reports received:

Twenty-second Report of the Commissioners in Lunacy to the Lord Chancellor.

Eleventh Annual Report of the General Board of Commissioners in Lunacy for Scotland. Edinburgh, 1869.

Seventh Annual Report of the Board of Inspectors of Asylums, Prisons, &c., for the year 1867. Ottawa, 1868.

Report of the Inspection of Asylums, Prisons, &c., for the Province of Ontario. 1868, 1869.

Report of the Commissioner of Public Works for the Province of Ontario, for the year 1869.

Report of the General Infirmary and Lunatic Asylum, Robber's Island, for the year 1869.

Annual Report of the Commissioner of Agriculture and Public Works for the Province of Ontario, on Public Works, for the year 1870.

Twelfth and Thirteenth Annual Reports of the Medical Superintendent of the Provincial Hospital for the Insane. Halifax, Nova Scotia. 1870, 1871.

Fortieth Report of the Belfast District Hospital for the Insane, 1870.

Richmond District Lunatic Asylum. Dublin. *Report of the Resident Medical Superintendent for the year 1869.*

Third Annual Report of the Fife and Kincross District Board of Lunacy. 1869.

Annual Report of the Waterford Asylum for the Insane Poor, for 1869.

The Report of the Committee of Visitors of the Lunatic Asylum for the City and County of Bristol. 1869.

Nineteenth Annual Report of the Wiltz County Asylum. 1869.

Third Annual Report of the Inverness District Lunatic Asylum. 1867.

York Lunatic Asylum Annual Report: also Supplemental Report. 1870.

County Lunatic Asylum. Stafford. Fifty-first Report. 1869.

Fourth Annual Report—City of London Lunatic Asylum. 1869.

Report of the Sligo and Seitrim Hospital for the Insane. 1869.

Fourteenth, Fifteenth and Sixteenth Annual Reports of the County and City of Worcester. 1867, 1868, 1869.

Eleventh and Twelfth Annual Report of the Committee of Visitors of the Cambridgeshire, Isle of Ely and Borough of Cambridge, Pauper Lunatic Asylum. 1869, 1870.

Twenty-first, Twenty-fourth, Twenty-sixth, Twenty-ninth, and Thirtieth Annual Reports of Crichton Royal Institution and Southern Counties Asylum.

Annual Reports of the Royal Edinburgh Asylum for the Insane. 1867, 1869.

The Seventy-third and Seventy-fourth Reports of the Friends' Retreat, near York. 1869.

Fourth and Sixth Annual Reports of the Argyle District Asylum for the Insane. 1867, 1869.

Thirteenth and Fourteenth Annual Reports of the State of the United Lunatic Asylum for the County and Borough of Nottingham. 1868, 1869.

Cumberland and Westmoreland Lunatic Asylum Annual Reports. 1868, 1869.

Report of the Medical Superintendent of the Rockwood Lunatic Asylum. 1870.

Report of the Medical Superintendent of the Lunatic Asylum, Toronto. 1870.

SUMMARY.

We extract the following remarks from an article by J. H. Balfour Browne, on the "Causes of Insanity," published in the *Edinburgh Medical Journal*, Nov., 1870:

Some writers have placed religion amongst the list of those things which predispose to insanity. They might, with equal justice, have placed *life* as the predisposing cause of all insanity. It is true that certain forms of religious excitement do tend to foster insanity, but it is equally true that certain kinds of life lead directly to the abnormal condition of mind which we call insanity. It seems to us that religion should be looked upon not as a cause conducing to disease, but as one of those causes which has a most sanitary effect; not as a series of circumstances tending to mental degeneracy and insanity, but as a series of circumstances directly tending to mental improvement and health. Yet we do not deny the fact, that those somewhat excited religious gatherings which have taken place of late years, in which the Lord Jesus is expected to be found in the midst of many fears, much shouting, and an occasional attack of hysteria, do tend directly to mental unsoundness. We would not argue that the extreme form of High Churchism—the most material form of Christian worship, in which symbolism really often loses its soul, and has nothing but the body left—that the constant and all-absorbing exercises of that form of religion, accompanied as it is with much unhealthy self-examination, and a self-bruising asceticism, will not in many cases predispose to insanity. But we do argue, that religion in its fullest sense, and religion as patterned in the life of Him whose name is connected with the creed of this country at the present time, is not calculated to predispose to insanity; but that, on the contrary, it is calculated to predispose to the most perfect mental health, that it is necessary to that perfect health, and that the human mind finds in that creed, when it is thoroughly understood and earnestly believed, the most thorough and perfect guide to a life of soberness and chastity, faith and well-doing, which are the very conditions of health in the individual practising according to these rules, and of its transmission to those that are to come after them. It is the fashion among a

certain class of shallow thinkers to hold that sanity consists even in the absence of all prejudices—even Voltaire's one prejudice, the *prejudice de Dieu*—and so to those persons religion and its systems seem prejudice-manufactories, and thus causes which predispose to insanity. Prejudices! if it were not for prejudices, not a man on earth would be sane, not a man on earth would *be*. These small men themselves are prejudices against prejudices,—let them reason about that!

Before we cease speaking of the predisposing causes of insanity, we may say that whatever has the effect of debilitating the physical structure, or the moral and intellectual faculties, has more or less tendency, according to the character of the individual, to predispose to mental disease. Moral vices, excessive mental strain, great anxiety, and unusual excitement, all predispose to alienation of mind. Individual temperament, in the widest sense of the term, must be taken into consideration in every case.

ANOTHER HASKELL HABEAS CORPUS CASE.—COURT OF QUARTER SESSIONS.—Judge Paxson.—A return was made, this morning, to a writ of *habeas corpus*, issued last week, at the instance of Ebenezer Haskell. Dr. Kirkbride's return states that there is no person in the Pennsylvania Hospital named Elizabeth Swezey, but there is a Mrs. Sarah M. Livezey, a patient under treatment for insanity. She is now mentally insane, and, in Dr. Kirkbride's judgment, it would be decidedly injurious to her to be at large. She has never had any personal interview or written communication with Ebenezer Haskell, who sued out this writ of *habeas corpus*, nor with the counsel whose name is endorsed upon the writ, and she has not authorized the present proceedings. Dr. Kirkbride stated that it would be injurious to the mental and physical health of the patient to produce her in Court. He further states that, after making all necessary preparations to bring the patient before the Court, she positively refused to come, and, unless physical force was used for the purpose, he could not now have her here before the Court.

Mr. George W. Biddle, for the Hospital, said that his duty ended with making this return, the husband of the patient having employed counsel to attend to the case, but he could not leave it without calling the attention of the Court to what he regarded as a great outrage upon private personal rights.

Mr. Chipman, who had been retained by Mr. Haskell, rose and stated that he should withdraw from the case, the return clearly showing that there was no proper ground for the application.

Mr. Haskell was allowed to speak, and acknowledged to the Court that he had no acquaintance with Mrs. Livezey, and that he had applied for this writ on the statement of some third party who had told him that he did not think there was anything the matter with the lady in question.

Judge Paxson, in disposing of the case, made some excellent remarks in reference to the duties of counsel in such cases. While the Court was compelled to issue its writ, under the new law, it was the duty of counsel to know something about the merits of the case before enforcing the writ. He complimented Mr. Chipman for the proper course he had pursued in withdrawing from the case as soon as its real nature was made known. He concluded by remanding the patient to the care of the Hospital.—*Philadelphia Bulletin of May 21st, 1870.*

TREATMENT OF EPILEPSY BY THE HYPODERMIC INJECTION OF ATROPIA.—M. G. Brocca records two cases treated in this manner : one, a boy aged six, who was attacked with epilepsy in consequence of a fright. He had been treated with bromide of potassium, quinine, valerianate of zinc, and valerianate of quinine, and leeches to the neck, without benefit. The injection of sulphate of atropia, in doses rising from one-half to five milligrammes, was now commenced; but the patient became progressively worse during the first thirteen days, the attacks ultimately numbering thirty per diem, and the mental powers becoming more enfeebled. On the fourteenth the first symptoms of atropia poisoning were exhibited; nevertheless the use of the atropia, though in diminished doses (two milligrammes,) was steadily continued. The symptoms at once began to improve, the attacks became more and more rare, and less and less violent, till after eighteen days they entirely ceased. The boy soon after left the hospital, and has remained since perfectly well. Altogether twenty injections were made; on four days two were given; the whole amount of atropia used amounted to 65 milligrammes (about one grain;) the injections were usually made in the thigh and arm. The second case was that of a girl of 22 years of age, in whom the attacks had commenced at the age of 20, and had become more and more frequent and violent. As precursors of the attack she experienced violent pains in the ring and little fingers, which extended up the arm and shoulder to the neck; then a feeling of suffocation was experienced, followed by the convulsions. Careful examination of the little finger showed a small cicatrix, consequent on a squeeze, two months after receiv-

ing which the attacks began. Bromide of potassium internally, the extract of belladonna externally, were equally useless. Laying the hand in ice, when the aura commenced, arrested the attack, but was too inconvenient to be carried out at home. A solution of sulphate of atropia was made, containing one part in 250 of water, and about 13 drops were injected. The severe attacks ceased after the fifth injection, and the aura without the fits after the tenth. The injections were, however, continued for the space of six weeks, when, having had no return of them, she was considered to be cured. A relapse, however, occurred, in consequence of a domestic affliction; but from this she soon rallied. The author recommends that small doses should be administered in the first instance, and that the quantity should never exceed the 14th of a grain for one injection.—*Medizin-Chirurg. Rundschau. Jahrgang. xi. p. 35.*

THE DOSE OF BROMIDE OF POTASSIUM.—During the last few weeks our attention has several times been called to the failures and disappointments which are experienced in the use of bromides for nervous affections, on account of the too small dose that has been employed. The most striking of these is a case that we shall probably publish at length elsewhere: but the heads of it may be interesting here. A young lady of great intellectual activity suffered from a severe cervico-occipital and triguinal neuralgia, attended with cerebral excitement and intractable insomnia, the chief cause of which was very obviously mental, but which was greatly aggravated by the cold weather. 10, 15, and 20-grain doses of bromide did nothing for her. The dose was raised to 30 grains thrice daily, and after four of them she fell into a sleep that lasted 14 hours, and awoke almost entirely cured; the pain not returning at all, and the mental excitement completely subsiding.

In a second case, a girl at the Westminster Hospital suffered from the most frightful and frequently recurring epileptic fits, which were threatening speedily to reduce her to dementia. It was only when the allowance of bromide was raised to 120 grains daily that any impression was produced; but then the improvement was speedy and decided, the fits becoming only one-third as frequent as they had been.—*Ed. Practitioner.*

THE POISONOUS DOSE OF CHLORAL.—Two remarkable instances of very large doses of chloral being taken with only transient effect have come under our notice within the last two months, and,

singularly enough, in the same house. A lady was attacked with acute mania; sleep could only be procured by chloral; and a mixture was provided, of which four tablespoonfuls (containing 30 grains) were to be taken every night. Against the plainest orders, the attendants gave four times this quantity (containing 120 grains) one night. Continuous sleep for twelve hours followed, but no evil effects occurred. Singularly enough, the husband of the lady was attacked with delirium tremens, and took, by mistake, either 150 or 180 grains of chloral. He slept continuously for about twenty-four hours, and even after this could only very gradually be roused—falling asleep in walking, and even on horseback. But his delirium tremens was cured.—*Ed. Practitioner.*

The Twenty-Fifth Meeting of the Association of Medical Superintendents of American Institutions for the Insane, will be held at the "ROSSIN HOUSE," in the city of Toronto, Canada, commencing at 10 A. M., of June 6, 1871.

The report of the Committee on Statistics will be the first business before the Association. Then the paper of Dr. Curwen on "Proper Treatment of the Insane," that of Dr. Jarvis on "Proper Provision for the Insane," and the resolutions of Dr. Kirkbride will be in order.

Your attention is particularly called to the following resolution:

"*Resolved*, That the Secretary, when giving notice of the time and place of the next meeting, be requested to urge on members the importance of prompt attendance at the organization, and of remaining with the Association till the close of its sessions."

By a standing resolution of the Association, the trustees of the different institutions for the insane are invited to attend the meeting.

Very respectfully,

JOHN CURWEN,

Secretary.

HARRISBURG, Pa., March 15, 1871.

The following resolutions, are the resolutions referred to, which were ordered to be printed for the use of the members, and their discussion postponed to the next meeting of the Association :

Resolved, That this Association re-affirm, in the most emphatic manner, its former declarations in regard to the construction and organization of hospitals for the insane; and it would take the present occasion to add, that, at no time since these declarations were originally made, has anything been said or done to change in any respect its frequently expressed and unequivocal convictions on the following points—derived, as they have been, from the patient, varied and long-continued observations of most of its members :

First. That a very large majority of those suffering from mental disease can no where else be as well or as successfully cared for, for the cure of their maladies, or be made as comfortable, if not curable, with equal protection to the patients and the community, as in well arranged hospitals specially provided for the treatment of the insane.

Second. That neither humanity, economy or expediency can make it desirable that the care of the recent and chronic insane should be in separate institutions.

Third. That those institutions—especially if provided at the public cost—should always be of a plain but substantial character; and while characterized by good taste, and furnished with everything essential to the health, comfort and successful treatment of the patient, should avoid all extravagant embellishment and every unnecessary expenditure.

Fourth. That no expense that is required to provide just as many of these hospitals as may be necessary to give the most enlightened care to all their insane can properly be regarded as either unwise, inexpedient or beyond the means of any one of the United States.

The Faculty of Medicine of Dalhousie College, Halifax, N. S., have appointed James P. DeWolf, M. D., to the chair of Medical Jurisprudence, with a legal adjunct professor.





